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## Organizational Socialization, Staff Well-Being and Service Quality in a Hospital

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Organizational Socialization, Staff  
Well-Being and Service Quality in a Hospital

by

Christopher Woodrow

Submitted to King's College London

for the degree of Doctor of Philosophy

Department of Management, King's College London

November 2012

## **Abstract**

The purpose of this thesis is to examine the process of organizational socialization in hospital newcomers, and the effects of this process on their levels of well-being and service quality. Following a review of the literature, two original models of socialization are presented and then tested using a longitudinal mixed methods case study approach that includes quantitative and qualitative components. The models take a novel approach by viewing the psychological contract as the key mechanism through which communication and learning facilitate employee integration. The survey study revealed that during the first three months of socialization, proactively obtained useful information about the new environment led to an increase in perceived organizational promises, which in turn was related to better attitudes and well-being. Useful information provided by the organization led to an increased focus on service quality, but did not influence perceived promises. After twelve months, greater knowledge about the environment led to lower perceptions of violation, which in turn was associated with better attitudes, well-being and service quality focus. The interview study revealed that breach and fulfilment of the psychological contract, under certain circumstances, acted as turning points which caused a sharp change in well-being and service quality. Overall, there is broad support for the theoretical framework and for the role of the psychological contract as an intervening mechanism in the socialization process. Additionally, the findings suggest that socialization is not the smooth process towards integration that much previous work implies. In practical terms, the findings indicate that organizations must ensure that newcomers are provided with both functional and social information, that they are encouraged to ask questions and that existing insiders are encouraged to respond with useful information. Future research might usefully begin by examining whether the findings generalize to other contexts.



## **Acknowledgements**

I would like to thank my supervisors at King's College London, Professor David Guest and Professor Stephen Deery, for their expert knowledge and enthusiasm for the project. I would also like to thank my friends and family for their support, as well as my colleagues in the Patient Safety and Service Quality Research Centre for their academic input and friendship. Finally, I would like to acknowledge the National Institute for Health Research who funded the research, the human resources staff who assisted during design and data collection, and the research participants without whom the study would not have been possible.

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# Chapter 1

## General Introduction

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This thesis is concerned with the process of integration through which new members of staff in a UK hospital pass and the subsequent effects of this process on their well-being and the level of service quality they deliver. This subject is of particular importance because the literature outside of healthcare suggests that the experiences of hospital newcomers could have significant implications for both staff well-being and healthcare service quality. Moreover, the issue of improving levels of both staff well-being and service quality has come to the fore in terms of National Health Service (NHS) policy. However, the link between early organizational experience and staff outcomes has remained theoretically and empirically under-explored.

The theory and research which is presented in the following chapters draws largely from the disciplines of organizational and social psychology, and focuses on the experiences and perceptions of members of the healthcare workforce at the micro-level. This first chapter acts as an introduction to the thesis and sets out the broad research context. A brief introduction to the major theoretical constructs and their interplay is provided, the major gaps in current knowledge in these areas are highlighted, the broad aims and methods used in the research are described and some potential contributions of this thesis are discussed. The following chapters then go on to review the literature in the theoretical areas of interest in some detail, before the conceptual basis, methods, findings and implications of the research are described and discussed.

### 1.1 The research context

The study was undertaken with the aim of addressing two broad and inter-related issues with regard to the NHS workforce, both of which have become central drivers of National Health Service policy in recent times. First, the research aimed to address the growing calls to improve the safety and quality of healthcare services. Second, it aimed to address calls to improve the well-being of NHS staff.



### 1.1.1 Service quality in healthcare

The broad issue of healthcare service quality has taken on huge significance in recent times and has become a focus for much United Kingdom (UK) government healthcare policy. Although healthcare service quality has long been an issue of interest for researchers and policymakers, it has remained a rather difficult concept to define. It is now generally accepted that quality is a multifaceted concept which, according to an analysis of recent NHS policy in this area (Leatherman and Sutherland, 2008), consists of six core dimensions: effectiveness, safety, access, patient-centeredness, capacity and equity.

The NHS has a history of radical policy and organizational reforms (Mannion et al., 2010), with the early 1990s in particular seeing the commencement of a series of changes which aimed to promote the regulation and delivery of safe and high quality care. Most notably, new systems of clinical governance, quality assurance and risk management were introduced for this purpose (Sally and Donaldson, 1998). As part of the ongoing drive to improve healthcare service quality, and in the presence of a number of high profile cases of patient harm in the NHS (e.g. Department of Health, 2002), the issue of patient safety, one of the core components of service quality, has taken on particular significance in NHS policy. The National Patient Safety Agency (2004, p. 2) defines patient safety as “the process by which an organization makes patient care safer” and states that this should involve “risk assessment; the identification and management of patient-related risks; the reporting and analysis of incidents; and the capacity to learn from and follow-up on incidents and implement solutions to minimise the risk of them recurring”. The seminal documents “An Organization with a Memory” (Department of Health, 2000) in the UK and “To Err is Human” (Kohn, Corrigan and Donaldson, 2000) in the USA drew particular attention to the role of patient safety in the delivery of high quality care, highlighting the scale of serious failures in the provision of care. “An organization with a memory” reviewed a number of existing structures and processes in the NHS and concluded that they were largely unfit for the purpose of managing safety and sharing knowledge.

Following the emphasis on patient safety and the approach set out in documents such as “An Organization with a Memory”, the growing research literature examining

service quality in healthcare has tended to draw on the principles of human factors and ergonomics. Somewhat understandably, this has meant that much empirical research has tended to examine micro-level clinical processes, often drawing in elements from research and practice in other high risk industries (see Hudson, 2003, for an overview). Additionally, there has been a growing acceptance that it is necessary to investigate the role of meso (organizational) level processes in the delivery of high quality care (e.g. Waring, 2007). However, the relationship between workforce issues and healthcare quality at the micro-level remains under-explored by researchers and under-prioritised in healthcare policy. Factors such as staff competency, workforce retention and staff well-being have been identified as potentially critical in the provision of safe and high quality healthcare (e.g. Gelinas and Loh, 2004). Moreover, recent empirical evidence has shown that workforce factors such as ward staffing levels (e.g. Rafferty et al., 2007), staff attitudes (e.g. Raleigh, Hussey, Seecombe and Qi, 2009) and organizational human resource practices (e.g. West, Guthrie, Dawson, Borrill and Carter, 2006) are related to various measures of quality of care. However, research in these and related areas remains hugely underdeveloped, and the existing studies have tended to examine associations between workforce factors and quality at the level of the ward or organization, leaving the question of why such associations exist largely unanswered. With this in mind, the research presented in this thesis aims to investigate how one micro-level workforce factor, the process of organizational entry, influences healthcare service quality.

### 1.1.2 Staff well-being in healthcare

A second broad issue highlighted by recent NHS policy that this thesis aims to investigate is that of the well-being of NHS staff. Much like the issue of healthcare service quality, staff well-being has assumed a central role in NHS policy in recent times. One of the major drivers of this focus was a review of the health of Britain's working age population, entitled "Working for a Healthier Tomorrow" (Black, 2008), which was presented to both the Secretary of State for Health and the Secretary of State for Work and Pensions. Whilst not specifically focussed on the NHS workforce, "Working for a Healthier Tomorrow" broadly concluded that there

is much work to be done to maintain the health and well-being of the working age population as a whole.

In the NHS context, the Boorman review (Boorman 2009a, 2009b) provided the most extensive examination of the issue of well-being of NHS staff conducted to date, reporting that stress, sickness absence and presenteeism in the NHS had reached worrying levels, that many staff believed that their employers were not committed to maintaining their well-being and that this was indeed the case in some organizations. The review identified a number of areas where employers of all types might improve the well-being of their workforce, stating that the NHS should act as a leader in such improvements. Importantly, the report also states that “staff health and well-being needs to be seen as central to the NHS and recognised as a crucial issue at board level as much as at ward level” (Boorman, 2009a, p. 5). Largely as a consequence of the Boorman review, NHS policy has indeed begun to view staff well-being as an issue of central importance. The NHS Constitution (Department of Health, 2010a, p. 10), for example, contains a pledge to “provide support and opportunities for staff to maintain their health, well-being and safety”. Likewise, the wide reaching programme of NHS reforms presented in “Liberating the NHS” (Department of Health, 2010b) includes a commitment to ensure that NHS staff are empowered, engaged and well supported. This is repeated again in “Healthy Lives Healthy People” (Department of Health, 2010c), which presents the NHS vision for public health in the UK. With this in mind, the research presented in this thesis aims to investigate whether the process of organizational entry impacts on the well-being of new members of NHS staff.

### 1.1.3 The relationship between staff well-being and service quality in healthcare

Whilst both staff well-being and healthcare service quality have emerged as central areas of healthcare policy in the United Kingdom, it is important to note that these two issues appear to be causally related. In particular, whilst clearly an issue of importance in its own right, staff well-being may have a significant impact on the quality and safety of care which is delivered to patients. In fact, this relationship was a major driver for the examination of NHS staff well-being in the Boorman review. As described in Michie and West’s (2004) framework of the links between management and performance in health services, and elsewhere, there are at least

two broad pathways through which staff outcomes may impact upon the performance of healthcare organizations. The first of these is through the mechanism of absenteeism and turnover. As Boorman notes, unhealthy staff are likely to take more sick days, disrupting team working and detracting from the quality of care provided to patients. In fact, Boorman concludes that decreasing levels of sickness absence by a third across the NHS as a whole would result in a gain of 3.4 million days per year and a saving of £555 million annually. Turnover is also a serious threat to healthcare quality (Gelinas and Loh, 2004). Whilst a necessary element of an efficient labour market (Gray, Phillips and Normand, 1996), particularly high levels of turnover can be problematic. Within the NHS, high turnover and difficulties in recruiting new staff have led to many wards running on suboptimal staffing levels and an over-reliance on temporary staff (Finlayson, Dixon, Meadows and Blair, 2002). This is particularly the case in London's NHS trusts, which employ around 20 percent of all UK NHS staff and experience turnover rates which are high even by NHS standards. Evidence is starting to accumulate that these staff shortages affect service quality and the safe treatment of patients (Hayes et al., 2006; Lang, Hodge, Olson, Romano and Kravitz, 2004). Additionally, poor staff retention creates the need to recruit new members of staff in order to maintain service capacity. Inexperienced newcomers are less familiar with their environment which can affect performance; experience and volume of patient throughput positively predict patient outcomes in various clinical settings (e.g. Halm, Lee and Chassin, 2002). Inexperienced newcomers can also disrupt existing team working, since teams take time to integrate and new members of staff use up the time of experienced staff whilst they are being trained (e.g. Houser, 2003).

The second mechanism through which staff well-being can affect service quality is through its effects on employee motivation and performance, with various studies showing a relationship between well-being and individual performance in healthcare. Although there has been some debate about the role of stress in job performance, there is evidence from the healthcare literature that stressful events can decrease performance. For example, a study of nursing staff showed that stressful events, depression and anxiety negatively predict job performance (Motowidlo, Manning and Packard, 1986). Likewise, studies of hospital doctors have shown that those who report greater symptoms of stress are likely to exhibit reduced service quality and

make more mistakes (Firth-Cozens and Greenhalgh, 1997; Firth-Cozens and Morrison, 1989). Attitudes also appear to be related to individual performance. There is a well-documented association between job satisfaction and performance (Judge, Thoreson, Bono and Patton, 2001), and studies within the healthcare sector have shown that patient satisfaction is positively correlated with job satisfaction reported by both doctors (Haas et al., 2000) and nurses (Weisman and Nathanson, 1985). In sum, the evidence indicates that poor staff well-being can lead to poorer service quality, and that the association occurs through the mechanism of turnover and sickness absence, as well as the more direct pathway of employee motivation.

## **1.2 Theories used in the research**

In order to examine the effects of the newcomer entry process on service quality and staff well-being in healthcare, the research presented in this thesis is based on a conceptual model that draws from two areas of organizational psychology. The first of these is organizational socialization, and the second is the psychological contract. These theories and their use in this thesis are briefly described below.

### **1.2.1 Organizational socialization**

The study of the entry and integration of new members of staff has a long history in the organizational psychology literature, where the process has broadly been referred to as organizational socialization (Ashforth, Sluss and Harrison, 2007). More specifically, organizational socialization can be defined as “the process through which a new organizational employee adapts from an outsider to integrated and effective insider” (Cooper-Thomas and Anderson, 2006) and “becomes part of an organization’s pattern of activities” (Anderson, Riddle and Martin, 1999, p. 140). This process is at its most intense in the first few weeks and months after organizational entry (Van Maanen and Schein, 1979). Research in the area of organizational socialization has shown that various aspects of the process can have a significant effect on the extent to which newcomers become integrated into their chosen organizations.

Studies in the area have tended to focus on either “passive” or “active” organizational socialization, representing either the efforts made by the organization to actively socialise newcomers (e.g. Ashforth and Saks, 1996) or the efforts made

by newcomers themselves to actively facilitate their own integration (e.g. Kim, Cable and Kim, 2005). The literature has demonstrated that both factors are highly influential in newcomer integration (Bauer, Bodner, Erdogan, Truxillo and Tucker, 2007). Crucially, integration in this context is conceptualized using outcomes relating to both performance and well-being. Hence, the literature indicates that organizational socialization has the potential to improve worker well-being and service quality in healthcare. However, very few studies have examined socialization in the healthcare sector, and no studies have examined the process in the NHS. This thesis aims to fill this knowledge gap by focussing on organizational socialization and its broad effects on service quality and staff well-being in the NHS. As several reviewers in the area (e.g. Saks and Ashforth, 1997) have pointed out, however, there is a lack of a universally accepted theoretical basis to tie together the major elements of the socialization process. To overcome this issue, a theoretical model is developed and described in chapter four which applies the concept of the psychological contract to the process of organizational socialization.

### 1.2.2 The psychological contract

Whilst there has been some debate in the literature as to what, exactly, the psychological contract entails, a much-cited definition describes it as the “the perceptions of both parties to the employment relationship – organizations and individuals – of the reciprocal promises and obligations implied in that relationship” (Guest and Conway, 2002, p. 22). The psychological contract is best viewed as a framework for understanding an employee’s perceived exchange relationship between themselves and their organization. This relationship is generally conceptualized as consisting of four inter-related sets of employee beliefs, concerning organizational promises, organizational contributions, employee promises and employee contributions (Lambert, 2010). Much empirical research has focussed on the first and second of these and, in particular, the equilibrium between them in the form of psychological contract fulfilment or, conversely, psychological contract breach. Breach, which represents the perceived discrepancy between what has been promised by the organization and what is subsequently delivered (Morrison and Robinson, 1997), is the most frequently studied aspect of the psychological contract and can result a variety of negative workplace attitudes and behaviours such

as reduced job satisfaction and increased turnover (Zhao, Wayne, Glibkowski and Bravo, 2007).

There are two areas where organizational socialization is expected to influence the psychological contract. The first of these occurs during the very early stages of organizational tenure, where the rapid acquisition of information has been implicated as one of the ways in which the perceived promises which make up the psychological contract are internalized by employees (Rousseau, 1995; Shore and Tetrick, 1994). The second occurs throughout organizational socialization, where more internalized knowledge about the important aspects of the new environment is hypothesised to reduce ambiguity and divergent beliefs between the employee and the organization and, therefore, increase perceptions of psychological fulfilment (Morrison and Robinson, 1997). The literature also indicates that perceived promises and fulfilment are, to a greater or lesser degree, both related to better employee performance and well-being (e.g. Rousseau, 1990; Zhao et al., 2007). Hence, the psychological contract is viewed in this thesis as a mechanism through which the process of organizational socialization leads to better employee outcomes. At present the interplay between organizational socialization and the psychological contract remains both theoretically and empirically underexplored. This thesis aims to increase knowledge about both constructs through their combination in a model examining the development of employee well-being and service quality in healthcare.

### **1.3 Aims and methods**

The broad aim of the research presented in this thesis is to examine the role of organizational socialization in the development of staff well-being and service quality in healthcare. A secondary aim is to examine the role of the psychological contract in this process. To achieve these aims, a theoretical framework is developed which applies aspects of psychological contract theory to the process of organizational socialization. The research is conducted in one large healthcare Trust in London and uses a mixed methods case study design which features a longitudinal survey study and a longitudinal interview study. Both studies are conducted with newcomers to the Trust and are primarily concerned with outcomes relating to service quality and well-being. The survey study focuses on the effects of

information acquisition during socialization on the psychological contract and employee outcomes. The interview series aims to provide additional information on these issues, and also explores the critical events, or turning points, which occur during socialization.

#### **1.4 Anticipated contributions of the thesis**

In examining the role of organizational socialization in service quality and staff well-being in the healthcare sector, which in itself is novel, the research also aims to make a number of additional contributions to the literature. These are briefly described here, and are covered in some detail in the following chapters.

##### **1.4.1 Theoretical contributions**

The first expected theoretical contribution of this thesis relates to the application of psychological contract theory to the process of organizational socialization. Several theorists have described the link between these two concepts (Rousseau, 1995; Schein, 1978; Shore and Tetrick, 1994), and some high quality empirical studies have examined the relationship. These studies have demonstrated that significant changes occur to the psychological contracts of newcomers after organizational entry (e.g. De Vos, Buyens and Schalk, 2003; Thomas and Anderson, 1998), and have tended to view the psychological contract as an outcome of successful integration (De Vos and Freese, 2011). The current research views the psychological contract as an intervening variable in the socialization process, thus extending theoretical understanding of the process of newcomer integration.

A second expected theoretical contribution relates to the role of “turning points” (Ashforth, Sluss and Harrison, 2007, p. 6) in newcomer socialization. Major approaches have tended to view organizational socialization as a smooth and linear process of integration which occurs over some unspecified period of time. “Turning points”, unexpected events which trigger a particular course of action such as organizational exit, have not featured heavily in the literature (Ashforth, Sluss and Harrison, 2007). However, these types of event have appeared in some early accounts of socialization (e.g. Louis, 1980) as well as other areas of organizational theory and research such as the turnover literature (e.g. Lee and Mitchell, 1994). Under the psychological contract framework, the fulfilment or breach of a promise



during organizational socialization might also act as a turning point. The qualitative component of the research presented here aims to investigate the role of psychological contract-related turning points in the process of organizational socialization.

A third expected theoretical contribution of this research relates to the examination of service quality as an outcome of socialization. The existing socialization literature has tended to neglect outcomes relating to performance beyond simple task performance (Cooper-Thomas and Anderson, 2006). For example, despite suggestions that the process of organizational socialization is likely to be highly influential in the development of service exchange behaviour at the micro-level (Hennig-Thurau and Thurau, 2003), there has been limited attention to this type of outcome in the literature. The research presented here is concerned with service quality as an important outcome of the socialization process.

#### 1.4.2 Methodological contributions

A major expected methodological contribution of this research relates to the use of qualitative accounts of the socialization process. The majority of organizational socialization research to date has utilized survey methodology to examine the effects of the socialization process on work-related outcomes. Whilst the area features a number of high quality longitudinal studies, the mechanisms through which socialization influences some outcomes remains unclear, because survey data can be somewhat limited in providing information about the experience of socialization. The research reported here aims to address this issue through the use of a mixed methodological design which combines longitudinal survey and qualitative methods.

A second expected methodological contribution relates to the focus of the study. Many of the existing studies of organizational socialization have surveyed samples of newcomers entering different organizations, often in the form of recent graduates or neophyte workers. As a result, the variance in the resulting dataset is effectively at the level of the organization. However, there is a growing recognition that much important socialization occurs at a more local level (e.g. Moreland and Levine, 2001). Moreover, many studies of this type do not include “veteran” newcomers, for whom socialization may be rather a different experience. In the context of London

NHS Trusts, where turnover is high and staff can move between organizations with relative ease, this issue may take on additional significance. This thesis aims to complement the existing studies in the area by taking a case study approach which examines the experiences of newcomers, both inexperienced and veteran, entering one organization.

#### 1.4.3 Practical contributions

The major expected practical contribution of this research is the production of information relating to the positive and negative aspects of the newcomer integration process in hospitals. In particular, the research aims to identify the factors which are significant in the development of positive staff well-being and high levels of service quality during the newcomer socialization process. This information can then be used to provide recommendations to hospitals with regard to their induction procedures. It is hoped that the recommendations will help hospitals to reduce unnecessary turnover, and increase both staff well-being and the quality of service they provide.

### **1.5 Summary of this chapter and thesis**

The purpose of this first chapter has been to provide a brief overview of the research which is presented in the remainder of this thesis. The research itself is designed to add to the knowledge base regarding the ways in which staff well-being and service quality may be improved in healthcare settings, issues which have become the focus for healthcare policy in the UK in recent times. In particular, the research examines the process of organizational socialization, which is hypothesised to be of influence in the development of both high levels of service quality and staff well-being, but which has escaped rigorous attention in the healthcare sector. In order to examine this issue, the research uses a conceptual model that applies aspects of psychological contract theory to organizational socialization theory.

The thesis is made up of ten further chapters. The following two chapters provide in depth reviews of the literature in the two major areas relevant to the research. In chapter two, the organizational socialization literature is reviewed and the major areas of empirical and conceptual underdevelopment are described. Chapter three examines the concept of the psychological contract, with a particular focus on its relationship with organizational socialization. Following this literature review,

chapter four describes the conceptual model used in the research. This is achieved through the presentation of a series of testable hypotheses. The following three chapters then describe the methodology used to address the research questions. The study is a mixed methods design that involves the use of qualitative and quantitative methods. Hence, chapter five presents an overview of the study methods, chapter six describes the quantitative methods and chapter seven describes the qualitative methods. Two empirical chapters then present in-depth findings from the two components of the study: chapter eight describes the quantitative findings and chapter nine describes the qualitative findings. Chapter ten provides a discussion of the findings, before chapter eleven, the final chapter, provides a set of conclusions.

## Chapter 2

### Organizational Socialization

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As described in chapter one, this thesis examines the process of organizational entry through which healthcare staff pass. In order to examine this process, a conceptual model is developed which draws from two areas of the organizational psychology literature: organizational socialization and the psychological contract. The purpose of this chapter is to provide a review of the literature relating to the first of these. The organizational socialization literature is described here in some depth, for two reasons. First, the theory of organizational socialization provides the foundation for examining the process of organizational entry, whereas the psychological contract is used as an explanatory mechanism for the socialization process. Second, organizational socialization remains a relatively under-researched area of organizational psychology (Becker, 2002), and it is widely acknowledged to lack a universally accepted theory to tie together the different elements of the process (Cooper-Thomas and Anderson, 2006). Consequently, a number of different conceptual and theoretical approaches have been used to conduct research in the area. It is therefore necessary to review these in order to select the most appropriate for use in the current research and to highlight areas where further theoretical or conceptual development is required.

The chapter is structured into seven further sections. The first of these examines definitions and conceptual issues with regard to organizational socialization, since there has been some disagreement in the literature about what the process entails. The chapter then goes on to review the three major conceptual approaches to organizational socialization. The first of these relates to “stage models” of the process, which broadly aim to chart the progress of individuals through the socialization process using a number of temporal phases. The second approach reviewed here is the “tactics” approach, which focuses on the behaviour of the organization rather than the temporal aspect of the process. The third major approach in the literature relates to what has been termed the “learning perspective” on

organizational socialization, where researchers have examined what is learnt and how it is learnt, often viewing the newcomer as an active agent in their own experiences. Following this, the fifth section discusses the different theories that have been applied to organizational socialization in the literature and their suitability for inclusion in the theoretical model which is described later in this thesis. A sixth section provides a brief review of the major study designs and outcome measures which have been used in empirical examinations of organizational socialization. Finally, a seventh section summarizes the main areas for conceptual development in the organizational socialization literature, which act as guiding principles for the research reported in this thesis.

## **2.1 Definitions and conceptual issues**

The process of organizational socialization has been examined by social scientists, albeit intermittently, for a number of decades, and various definitions and conceptual distinctions have arisen in the literature. Early scholars viewed socialization as being largely concerned with the process through which an organization or group influenced a newcomer or newcomers. In a highly influential paper, Schein (1968, p. 2) described socialization as “the process of learning the ropes, being indoctrinated and trained, the process of being taught what is important in an organization or some subunit thereof”. This definition implies that the organization is the active agent in the process, whilst the individual is the more passive partner. Following Schein, there was a relative surge of interest in the area which provided further development of the concept. The seminal work of Van Maanen and Schein (1979 p. 211) defined organizational socialization as the process by which an individual obtains “the social knowledge and skills necessary to acquire an organizational role”. In a similar vein, Louis (1980 P. 229) defined socialization as “the process by which an individual comes to appreciate the values, abilities, expected behaviours and social knowledge essential for assuming an organizational role and for participating as an organizational member”. These definitions represent a slight shift away from the earlier approach of Schein (1968) in that more room is left for the possibility that organizational newcomers may be active information seekers, as well as passive information receivers, during socialization.

One of the major contentions in the literature relates to what period of time is encompassed by the process of organizational socialization. For Van Maanen and Schein (1979), amongst others, socialization starts close to organizational entry and ends with successful integration. Van Maanen and Schein drew on the earlier work of Schein (1971), who described an organizationally defined role in terms of three dimensions. The functional dimension refers to the nature of the task that is being undertaken, and is usually divided by organizational departments. The hierarchical dimension refers to the responsibilities held and official lines of authority, whilst the inclusory dimension refers to the importance of an individual's role for others in the group. The combination of these three dimensions results in a model of the organization with three types of boundaries across which individuals might pass. According to Van Maanen and Schein, socialization occurs whenever an individual crosses one of these boundaries. However, socialization is at its most intense when entering a new organization, because at this time all three boundaries are crossed.

By contrast, others have taken a far broader approach to the process of organizational socialization. In particular, some organizational communication scholars have taken a "life course" approach to the concept, including a period of anticipatory occupational socialization which may begin in childhood. The major proponent of this approach is Jablin (1987; 2001), who uses the term "assimilation" rather than "socialization" to refer to "the process by which individuals join, participate in and leave organizations" (Jablin and Krone, 1987, p. 712). Assimilation is actually made up of two processes: "socialization" is the process through which the organization attempts to influence individuals in order to meet its needs, whilst "Individualization" refers to the way in which individuals attempt to change organizations (Kramer, 2010; Porter, Lawler and Hackman, 1975). As noted in a recent review of the assimilation literature (Waldeck and Myers, 2007), Jablin and others who have examined assimilation view socialization as the "positive acceptance of organizational norms" on the part of the employee, whilst individualisation is concerned with those experiences that "result in creativity, innovation and contributions to the organization".

Historically, these differing conceptualizations have represented a source of confusion in the literature, serving to fragment research findings somewhat.

However, as interest in the area grew in the 1990s and beyond, the terms “socialization” and “assimilation” have often been used interchangeably to refer to the process around joining an organization, with “socialization” being the most often used. A recent and widely cited definition provided by Anderson et al. (1999, p. 140) describes organizational socialization as “the process by which individuals become part of an organization’s pattern of activities”. Cooper-Thomas and Anderson (2006, p. 492) similarly describe organizational socialization as “the process through which a new organizational employee adapts from outsider to effective and integrated insider”. Since the research presented in this thesis is concerned with the process that occurs during and after organizational entry, the term “organizational socialization” will be used with reference to Anderson et al.’s (1999) definition, since it is well cited in the literature and recognises the role of both the individual and the organization in the process.

## **2.2 Stage approaches to socialization**

The first approach to the study of organizational socialization to be reviewed in this chapter has been termed the “stage” approach. The majority of the earlier approaches to the study of organizational socialization viewed the temporal phases through which newcomers pass as the central issue, and several models were proposed which attempted to split the process of organizational socialization into concrete phases. A number of these “stage models” of organizational socialization have been formulated, and whilst not all models feature all stages and terminology has varied between models, a number of reviewers have noted that the proposed stages broadly fall into five categories (Ashforth, Sluss and Harrison, 2007; Kramer, 2010; Fisher, 1986; Saks and Ashforth, 1997). The major stage models of socialization are shown in Table 2.1, although it should be noted that the degree to which different stages in the models overlap is open to interpretation. For the purposes of clarity, the five major stages will be referred to using the following terms proposed by Ashforth, Sluss and Harrison, (2007) and others: *Anticipation*; *Encounter*; *Adjustment*; *Stabilization*; *Exit*. Each stage is described in the following section.

Table 2.1: Stage models of organizational socialization

	Major stages of socialization				
Authors	Anticipation	Encounter	Adjustment	Stabilization	Exit
Alpert, Atkins and Ziller (1978)	Professional Socialization	Initiation and resolution	Establishment	Commitment	Termination
Bauer, Morrison and Callister (1998)	Anticipatory socialization	Accommodation / confrontation	Adaption / metamorphosis		
Bourne (1967)		Environmental shock	Engagement	Attainment	
Buchanan (1974)		Basic training / initiation	Performance	Organizational dependency	
Feldman (1976)	Anticipatory socialization	Accommodation	Role management		
Flacione and Wilson (1988)	Anticipatory socialization	Encounter	Metamorphosis		
Graen (1976)	Initial confrontation	Working through	Integrating		
Jablin (1987; 2001)	Anticipatory socialization	Entry	Assimilation		Exit
Porter, Lawler and Hackman (1975)	Prearrival	Encounter	Change and Acquisition		
Schein (1978)	Entry	Socialization		Mutual acceptance	
Van Maanen (1976)	Organizational choice and anticipation	Entry – encounter	Continuance - metamorphosis		
Wanous (1992)		Confrontation	Role clarity and locale	Sign posts	



### 2.2.1 The major stages of socialization

Anticipation, the first stage that has been proposed by a number of scholars, refers to the period of time prior to organizational entry and effectively encompasses all of the learning that occurs before employment with a given organization commences (Van Maanen, 1976). During this time, individuals gain knowledge about the organization, both through active seeking of information and the provision of information by the organization to the individual. This information may be gained from a variety of sources, including the initial advertisement for the role, organizational documents or webpages and the interview process. The various pieces of information received may be both idealistic and realistic to varying degrees (Ashforth, Sluss and Harrison, 2007). A major outcome of this stage of socialization is the formation of expectations about jobs by individuals (Feldman, 1976). A small number of authors in this area, particularly those taking an assimilation or life course approach to the study of organizational socialization (e.g. Jablin, 2001), have included a further aspect of anticipatory socialization known as “role anticipatory socialization” in their models. Role anticipatory socialization, in contrast to organizational anticipatory socialization, refers to the process through which individuals select the preferred profession or role which they will seek to pursue (Kramer, 2010). However, a large and rich literature exists on this topic elsewhere (e.g. Barley, 1989) and most authors in the area have not placed great emphasis on this aspect of the process.

A related aspect of the organizational psychology literature which has examined the role of attitudes formed prior to organizational entry is that of the “realistic job preview” (RJPs). Research has shown that individuals often enter organizations with unrealistically positive expectations of what they will encounter (Wanous, 1980). The dissatisfaction which occurs in the likely event that these inflated expectations are not met upon organizational entry is more damaging than it would have been had no expectations been formed at all (Aronson and Carlsmith, 1962). The realistic job preview aims to reduce such negative outcomes by delivering applicants a dose of reality prior to organizational entry, via the presentation of both the positive and negative aspects of the job (Popovich and Wanous, 1982). Research has revealed that the use of RJPs is associated with reduced initial expectations, and that it may increase performance and decrease turnover (Phillips, 1998). A recent meta-analysis

reveals that the most influential mediator of the relationship between RJPs and employee outcomes is the perception of organizational honesty (Earnest, Allen and Landis, 2011). Whilst RJPs are clearly related to the anticipation stage of organizational socialization, however, there are several distinct differences between the two concepts. In particular, the primary aims of RJPs are to communicate realistic information to newcomers with the aim of reducing later turnover, with the implied meta-message, therefore, being one of caring towards new members of staff (Wanous and Reichers, 2000). By contrast, anticipatory organizational socialization relates to the acquisition of various types of information through both active and passive means, with the primary outcome of interest being learning (Cooper-Thomas and Anderson, 2006). For this reason, RJPs are probably best conceptualised as being a small and not inevitable part of anticipatory organizational socialization. Nonetheless, a key implication from the RJP literature is that many of the expectations which are formed in the very early part of organizational socialization are not realistic.

Encounter, generally accepted to be the second stage of organizational socialization, refers to organizational entry and the period of time which occurs directly subsequent to this. During this period, both individuals and organizations reconcile the expectations formed during anticipation with the realities of organizational life, sometimes a difficult task given that both parties may have tried to hide reality to some extent (Schein, 1978). Initially, a newcomer's response to unmet expectations may involve shock, surprise or conflict (Louis, 1980; Wanous, 1992; Hughes, 1959), which can drive the newcomer to learn more about various aspects of organizational life (Ashforth, Sluss and Harrison, 2007). During encounter, newcomers must learn about how to perform their roles in the context of their work environment, as well as various aspects of the prevailing organizational culture (Ostroff and Kozlowski, 1992). Since socialization is assumed to be at its most intense during organizational entry (Van Maanen and Schein, 1979), encounter is the stage which is thought to be most critical for successful integration (Fisher, 1986).

A third stage, which has been included in most models of organizational socialization, is adjustment. During adjustment, newcomers resolve the issues formed during encounter and begin to integrate into the organization. This involves

integration into organizational networks, learning about various aspects of the organization, mastering job related tasks (Fisher, 1986) and giving up organizational values from previous experience (Louis, 1980). Since encounter and adjustment are thought to be the most critical phases of the socialization process, both for employees and employers, these phases have traditionally attracted the largest amount of research interest. In particular, a sizeable amount of theoretical and empirical literature has arisen around the types of information which newcomers require, the way organizations provide this information and the way newcomers themselves seek it out. This literature will be reviewed later in this chapter. A fourth stage that is included in some models of socialization is stabilization. Stabilization is the point where an individual ceases to be an organizational newcomer and becomes a fully integrated organizational member, the crossing of a major inclusion boundary (Schein, 1978). Like other stages, the stabilization stage involves the need to resolve a number of conflicts. However, these relate to conflicts between different organizational groups or between the demands of work and home, rather than conflicts between the employee and the organization (Feldman, 1976). Stabilization is viewed as a distinct stage in only a few models (e.g. Wanous, 1992).

The fifth and final stage of organizational socialization that has been examined in the literature relates to organizational exit. Organizational exit has received only limited attention as a stage of socialization, probably because it is better conceptualized as a potential outcome of the process rather than a discrete stage. Jablin's (1987; 2001) assimilation model is the only commonly cited stage model to include an exit stage. Since Jablin's assimilation approach focuses on communication, however, the discussion of exit focuses primarily on the role and function of communication during organizational disengagement. Given the definition of organizational socialization used in this thesis, "the process by which individuals become part of an organization's pattern of activities" (Anderson et al., 1999, p. 140), exit will not be viewed as a discrete stage of socialization. However, as has been noted elsewhere (e.g. Waldeck and Myers, 2007), exit has seldom featured in conceptual approaches to organizational socialization even as an outcome, representing a rather large knowledge gap.

### 2.2.2 Criticism of stage approaches to socialization

Most of the literature describing stage models of socialization was published in the early phases of interest in the area, and since this time the models have received somewhat limited attention, particularly in empirical terms. This lack of interest stems to some extent from an unfavourable review they received in an influential paper by Fisher (1986), who pointed to a number of problems with the models. These problems have since been expanded and repeated elsewhere. A particular concern is that whilst the models make intuitive sense, they are rarely based on empirical data and have been evaluated by such methods even less often. Where empirical data have been used to test the models, the results have not provided overwhelming support for the proposition of fixed and distinct stages. For example, Van Maanen's (1975) longitudinal data failed to demonstrate the plateaus in outcomes (such as commitment) which would be expected across discrete stages, whilst Feldman's (1976) data showed that a large number of individuals appeared to be occupying more than one stage at a time. Indeed, various authors have suggested that the need to resolve all of the issues associated with one stage before moving on to the next, an underpinning principle of the stage approach to socialization, makes little intuitive sense. Rather, progression might be better viewed as a fluid process where individuals can move back and forth between stages (Jablin, 2001).

Stage models have also been criticized on more general grounds. One such criticism is that the models are not generalizable to all types of organizational newcomers, for example new chief executives who enter organizations and begin to make important decisions prior to reaching the stabilization stage (Fisher, 1986). Others have stated that stage models assume that all individuals share common experiences, leaving little room for the effect of individual differences (such as ethnicity, gender or previous experience) on communication and stage progression (Kramer, 2010). Clair (1996) states that the models devalue the influence of non-career work choices, non-organizational work and jobs which lie outside of the organizational mainstream, whilst others have broadly criticized the models for focussing on organizational discourse at the expense of individual action (Bullis, 1993; Smith and Turner, 1995).

### 2.2.3 Evaluation of stage models

As described in this section, stage models of socialization were at their most popular during the early phases of research in the area, and have fallen out of favour in more recent times in the face of various criticisms. However, despite these criticisms, it is important to note that the general consensus in the literature is that stage models provide a useful heuristic for visualising the process of socialization so long as they are viewed as loose frameworks rather than theories (e.g. Waldeck and Myers, 2007). This issue represents the overarching shortcoming of the stage models: that they have focussed on the “what” rather than the “why” of socialization (Bauer et al., 1998). In this thesis, therefore, the stage approach is incorporated into the conceptual model for analysis as a heuristic for the temporal nature of the process. However, the stage approach is accompanied by additional approaches to the study of organizational socialization, which are used to explain the process in more depth. Having now described the first major approach to the study of organizational socialization, the following section describes the second, commonly referred to as “the tactics approach”.

## **2.3 The tactics approach to organizational socialization**

Following the stage models of organizational socialization, the second major approach to research in the area focused on the efforts made by the organization to actively socialize its newcomers. This conceptualization, which has been labelled that “tactics” approach (see Ashforth, Sluss and Harrison, 2007), was driven by the seminal work of Van Maanen and Schein (1979), which provided a major breakthrough in organizational socialization research. The tactics approach broadly states that any socialization programme can be organised along the following six bipolar tactic dimensions: collective vs. individual; formal vs. informal; sequential vs. random; fixed vs. variable; serial vs. disjunctive; investiture vs. divestiture. Taking these in turn: collective tactics refer to learning in groups rather than individually; formal tactics refer to undertaking specific activities (such as training) rather than more “on the job” learning; sequential tactics involve the provision of a structured ordering of the tactics used; fixed tactics involve the provision of information about the timings involved in socialization; serial tactics involve the provision of formal mentors within the organization; and investiture tactics involve

the provision of positive social support. Hence, the tactics approach concerns the way in which socialization is delivered rather than its content.

In their original article, Van Maanen and Schein presented a number of hypotheses concerning the particular role orientations each type of tactic would lead to, which went largely untested until Jones (1986) re-examined and re-conceptualised the original framework. Jones labelled the tactics which fall along the bipolar dimensions of collective - formal - sequential - fixed - serial - investiture as “institutionalised” tactics, which broadly represent a formal and structured approach to orientation. The opposite orientation, labelled “individualised” tactics, represent learning that is less structured and which occurs more by default than design (Gruman, Saks and Zweig, 2006). Jones’s data showed that institutionalised tactics led to a custodial role orientation (where newcomers aim to preserve the prevailing norms associated with role), greater satisfaction, greater commitment and decreased levels of intention to quit. Conversely, individualised tactics led to innovative role orientations and greater levels of role conflict and role ambiguity. Such a pattern of results reflects not only the role clarifying properties of institutionalised tactics but also the “symbolic payoff” (Ashforth, Sluss and Harrison, 2007, p. 13) of producing a sense of worth in the newcomer (Riordan, Weatherly, Vandenberg and Self, 2001). Subsequent research has replicated this pattern of findings many times over and demonstrated various additional positive work-related outcomes which arise as a result of institutionalised socialization, including decreased turnover, increased person-organization fit, increased job embeddedness and decreased stress (Bauer et al., 2007).

### 2.3.1 Evaluation of the tactics literature

The tactics literature has provided a great deal of information regarding the value of an organized programme of newcomer socialization, although there are several limitations of the approach, some of which have been pointed out elsewhere. The primary issue is that the tactics approach views the newcomer only as a passive receiver of information during orientation. In fact, much subsequent research (reviewed in the following sections) shows that there are many other factors which have a bearing on newcomer integration, not least the role of the individual in actively seeking to integrate and learn. A further issue is that the tactics approach is

best suited to measuring variance at the level of the organization, and in most studies each individual in the sample is a newcomer to a different organization. Aside from the questionable reliability of using a single study participant as a source of information, this approach may omit the potentially vast impact of the socialization and learning which occurs at a local level through, for example, interaction with colleagues or supervisors and less formal methods of training. Additionally, socialization tactics focus on the means by which information is delivered rather than the content of the information. Perhaps because of this, much research has focussed on how the tactics relate to attitudinal outcomes such as commitment, but far less has examined the actual content of what is learnt. As a result of these issues, interest in socialization tactics has decreased somewhat in favour of research examining the content of learning. For the same reasons, the view taken in this thesis is that the tactics approach does not provide a sufficiently complete account of socialization to warrant its use in the research. However, a promising and more recent body of literature has built on the tactics approach and begun to examine both what is learnt and how it is learnt, encompassing both active and passive means of learning. This approach is discussed in the following section.

## **2.4 Newcomer learning**

Following the various criticisms of the socialization tactics approach, contemporary perspectives on organizational socialization have focussed on information acquisition, prompting some authors to describe learning as “the core of organizational socialization” (Cooper-Thomas and Anderson, 2006, p. 508). With this in mind, the third major approach to the study of organizational socialization to be discussed here relates to newcomer learning. In particular, two major areas have been studied by researchers examining learning during socialization. The first of these relates to what is actually learnt, whilst the second relates to the way in which this information is learnt, where theory has been developed to include active information seeking in addition to the more passive acquisition described by the tactics approach. These two areas are discussed below.

#### 2.4.1 Learning content

The content of what is learnt during socialization is viewed as an indicator of how far or how successfully an individual has been socialized (Chao, O'Leary-Kelly, Wolf, Klein and Gardner, 1994), and as such this topic has received relatively high levels of research interest. At least six major typologies of what is learnt during socialization, shown in table 2.2, have been proposed. All of these were initially developed from the literature and have associated measurement scales. Since socialization learning has been of interest to researchers with diverse perspectives, including communication studies, psychology and management, the items in each of the models have been organized rather differently. However, all of the models could feasibly be arranged around the three categories of task/role, team and organization (Ashforth, Sluss and Harrison, 2007), which have been identified as the most important levels of analysis in the examination of socialization literature (Fisher, 1986). Chao et al.'s (1994) typology is probably the most heavily cited, although some of the more recent models were developed in response to various criticisms of this, such as inconsistent attention to levels of analysis within each scale and the confusion of measures of task socialization with measures of task performance (for a full critique see Haueter, Macan and Winter, 2003).



Table 2.2: Models of socialization learning content

Authors	Domains	Domain description
Ostroff and Koslowski (1992)	Task	Task mastery and how to do the job
	Role	Establishing boundaries of responsibility and learning appropriate behaviour
	Group	Understanding how to interact and get along with co-workers
	Organization	Learning about organizational culture, power, politics and value systems
Chao et al. (1994)	Performance proficiency	The extent to which the individual has learnt the tasks involved on the job
	People	Establishing successful and satisfying relationships with organizational members
	Politics	Information regarding formal and informal work relationships and power structures within the organization
	Language	Profession's technical language and acronyms slang and jargon that are unique to the organization
	Organizational Goals and Values	Specific organizational goals and values
Morrison (1995)*	History	Traditions, customs, myths, rituals and knowledge about the personal backgrounds of organizational members
	Technical	How to perform specific aspects of the job
	Performance feedback	How well the job is being performed
	Social feedback	The appropriateness of social behaviour at work
	Referent	What is expected in the job
	Normative	Behaviours and attitudes that the firm values and expects
	Organizational	Organizational structure, procedures and products/services
Thomas and Anderson (1998)	Political	Distribution of power within the organization
	Social	Integration and camaraderie with colleagues
	Role	Knowledge and mastery of skills, understanding of performance requirements
	Interpersonal Support	Establishment of a network of sources for help with various problems
Haueter et al. (2003)	Organizational	Knowledge or familiarity with structural / cultural aspects of the organization
	Organization	Organization knowledge and organization role-behaviour knowledge
	Group	Group knowledge and group role-behaviour knowledge
Taormina (2004)	Task	Job knowledge and job role-behaviour knowledge
	Training	How well the company has prepared the employee to do a job
	Understanding	How well the employee comprehends how the organization functions and how to operate within it
	Co-worker support	How well the employee relates to other members in the organization
	Future prospects	The employee's long-term view with the organization e.g. Continued employment and rewards offered

\* The model previously proposed by Morrison (1993a, 1993b) contained only 5 factors. The *Organizational* and *Political* domains were added in the 1995 model.

### 2.4.2 Learning method

The second major line of research around socialization learning relates to how information is learnt. Interest in this area began largely as a response to criticisms that the research to date, and specifically the tactics approach, had failed to acknowledge the significant role which might be played by the individual in shaping their own experiences. Attention therefore turned to the detailed investigation of the methods through which information is acquired, where it is acquired from and how useful the information is. This line of research has placed a strong emphasis on the role of newcomer proactivity in learning. Several studies have shown that self regulatory tactics (e.g. Sacks and Ashforth, 1996) and proactive personality (e.g. Kammeyer-Mueller and Wanberg, 2003) predict some aspects of integration. Much of the work around newcomer proactivity, however, has drawn on Ashford and Cummings's (1983) cognitive theory of feedback seeking in organizations. Ashford and Cummings's original model was based largely on uncertainty reduction theory and identified two methods through which individuals seek information in organizations, termed "monitoring" (observing surroundings) and "inquiry" (asking direct questions). Miller and Jablin (1991) provided the most comprehensive application of this theory to newcomer behaviour, expanding the typology to seven categories of behaviour through which information is sought. Four of these fall under Ashford and Cummings's (1983) "inquiry" behaviours: "direct questioning", "indirect questioning", "disguising conversations" (disguising information seeking as a natural conversation) and the use of "third parties" as sources of information. A further two categories fall under "monitoring" behaviour: "observation" (observing others with the aim of obtaining specific information) and "surveillance" (using sensemaking to learn from everyday organizational experiences). Miller and Jablin added one additional information seeking strategy, termed "testing limits", which relates to the creation of situations to which targets must respond (such as the deliberate breaking of organizational rules). Following Miller and Jablin, a large volume of empirical studies have shown that the active seeking of information, both through monitoring and inquiry behaviour, is associated with better integration. This finding has been demonstrated through associations between information seeking and proximal measures of integration such as task mastery, role clarity, social integration and acculturation (Morrison, 1993a), as well as distal measures such as satisfaction,

performance and intention to leave (Morrison, 1993b). Although information seeking is related to increased integration, there are also costs associated with both monitoring and inquiry (Ashford and Cummings, 1983). Monitoring may be more time consuming and produce less specific information than inquiry, whilst there is also a greater risk that the information will be misinterpreted. The major risk of engaging in inquiry behaviour, on the other hand, is the potential social cost of appearing ignorant to colleagues.

A number of studies have attempted to assess the frequency of use, or usefulness, of various possible sources of information. This approach has included both active and passive means of learning, thereby providing a major advantage over the tactics approach. Studies in the area have examined a wide array of different sources and methods of information acquisition, including supervisors, mentors, co-workers, observation, “trial and error” behaviour and official company resources. In general, managers and co-workers are the most important of these (Ashford and Cummings, 1983; Jablin, 2001), and more information is obtained actively than passively (Morrison, 1995). The most useful (and most frequently sought) information relates to aspects of the job and task, and the most useful source for this information is a supervisor (Ostroff and Kozlowski, 1992). Information relating to organizational values is seen as the least useful by newcomers and yet is passively obtained more often than other types of information (Morrison, 1995; Ostroff and Kozlowski, 1992). Additionally, mentors appear to be a particularly useful source of information and are the most helpful source for learning about organizational values. In the absence of a formal mentor this type of information is obtained from co-workers, although less rapidly (Ostroff and Kozlowski, 1993). Perhaps most crucially, this body of research has shown that both active and passive means of information acquisition are influential in successful socialization, assessed by both proximal and distal outcome measures (Kammeyer-Mueller and Wanberg, 2003).

#### 2.4.3 Evaluation of the newcomer learning literature

The learning perspective has become the dominant approach in the organizational socialization literature, largely due its focus on both what is learnt during socialization and how it is learnt. Moreover, the learning approach offers scope to combine aspects of proactivity on both the organizational side and the newcomer side, and studies have shown that both of these types of information acquisition are

crucial for integration. For both these reasons and the criticisms of the tactics approach described earlier, the view taken in this thesis is that the learning approach is more suitable than the tactics approach for the investigation of organizational socialization in healthcare staff.

## **2.5 Theories and frameworks of relevance to organizational socialization**

One of the major contentions in the organizational socialization literature relates to a perceived lack of theory in the area. Whilst there are three major conceptual approaches to socialization, outlined in the previous sections, various commentators have suggested that these are rarely theory based. Saks and Ashforth (1997) have gone further, arguing that there is no theory of socialization. In fact, many of the published studies and frameworks are, implicitly or explicitly, based on prior theory from the social sciences, most often social psychology. The purpose of this section is to discuss three of these, with a view to selecting the most appropriate for use in the current research. The three theories discussed here are uncertainty reduction theory, social exchange theory and sensemaking. It has been suggested that other theories such as social cognitive theory (Bandura, 1986), role theory (Katz and Kahn, 1978) and social identity theory (Tajfel and Turner 1979) could be applied to socialization. However, the evidence indicates that these theories are more useful when viewed as mediating or moderating variables in some stages of socialization rather than as overarching theories with which the major elements can be tied together (see Waldeck and Myers, 2007; Kramer 2010). Hence, these theories are not covered here. Additionally, one further concept which may be applied to the socialization process is described, namely the psychological contract.

### **2.5.1 Uncertainty reduction theory**

Uncertainty Reduction Theory (URT, Berger and Calabrese, 1975) is probably the most intuitively appealing of the major theories from the social sciences which have been applied to socialization, mainly due to its potential relevance to each of the major phases. URT has been the “tacit basis” for much work in the area of organizational socialization (Saks and Ashforth, 1997) and some have suggested that organizational socialization is effectively an ongoing process of uncertainty reduction (e.g. Waldeck and Myers, 2007). In its original conceptualization, URT stated that during interactions with strangers, individuals are motivated by their

desire to reduce uncertainty, ultimately arriving at a decision as to whether they wish the communication process to cease or continue. Berger and Calabrese viewed social interactions as consisting of three stages, which they termed the entry stage, the personal stage and the exit stage. During these phases, individuals used three primary methods to elicit information and reduce uncertainty: passive observation, active observation and direct interaction.

Uncertainty reduction theory has featured explicitly in some accounts of organizational socialization (e.g. Lester, 1987) and implicitly in a good number more (e.g. Van Maanen and Schein, 1979). The intuitive appeal of the theory is that it can be reasonably applied to the early (and most often studied) stages of socialization. Newcomers seek to reduce uncertainty about the organization they wish to join during anticipation. Then, during encounter, individuals seek to manage uncertainty about their roles and their new environment more generally. The theory can also be applied to the other approaches to socialization, since both the tactics that organizations use to socialize newcomers and the role of the individual as an active information seeker can be viewed as a process whereby employee uncertainty regarding various aspects of organizational life is reduced. However, there are also problems with applying URT to organizational socialization. First, it is primarily a theory of human communication. Therefore, whilst the theory explains why employees must acquire information in order to learn about their organizations, it is less clear how this links to attitudes and behaviour. Second, and related, URT ceases to become relevant after the early stages of socialization. Therefore, it is not suitable for explaining the entire process of organizational socialization alone. For these reasons, URT is not viewed as being suitable for use in the conceptual model described later in this thesis.

### 2.5.2 Sensemaking

The theory of sensemaking has been applied to organizational socialization by several authors. The first important general point of note with regard to sensemaking theory is that there is little consensus about what it actually involves, since it has been defined and conceptualized in several different ways. For some, sensemaking describes the process of placing stimuli into a mental framework (Huber and Daft, 1987); others have viewed it as the “interaction of information seeking, meaning ascription and action” (Thomas, Clark and Gioia, 1993, p. 240). The two most well

known theories of sensemaking are those of Weick (e.g. Weick, 1995; Weick, Sutcliffe and Obstfeld, 2005) and Dervin (1992; 1998). Weick views sensemaking as “an ongoing accomplishment that takes form when people make retrospective sense of the situations in which they find themselves and their creations” (p. 15). Although an individual process, Weick’s sensemaking can be viewed at an organizational level; as Weick, Sutcliffe and Obstfeld (2005, p. 100) put it, sensemaking is a “micro mechanism that produces macro-change over time“. Unlike Weick, Dervin’s approach to sensemaking is not specifically geared towards organizational studies. Rather, Dervin describes sensemaking as “a theoretical set of theoretically derived methods” which are used to study the “human use of information and information systems” (1992, p. 62 - 63). More specifically, Dervin’s work aims to understand the “gap” which individuals experience when absorbing new information.

An important point of note is that sensemaking as it has been applied to organizational socialization differs somewhat to the concept as described by Weick (1995) and Dervin (1998). The most notable account of sensemaking as explicitly applied to organizational socialization is that of Louis (1980). Unlike Weick or Dervin, Louis’s theory emphasises the role of “surprises” as triggers to sensemaking. Louis’s conceptualization of sensemaking describes three key features of process of organizational entry. The first of these is “change” between aspects of the old and new environment, whilst the second is “contrast”, which causes specific aspects of the new environment to stand out. The third and crucial element of the entry process is “surprises”, which represent the difference between expectation and reality. Surprises prompt newcomers to attach meaning to the unexpected event and to attempt to understand various aspects of their new environment. An immediate behavioural response is also made on the basis on the newly acquired meaning. Hence, Louis’s sensemaking is effectively an ongoing cycle that begins with the formation of conscious or unconscious anticipations. When a discrepancy occurs between these anticipations and reality, in the form of a surprise, interpretations are sought and meaning is retrospectively attached to the discrepancies. Through this process, newcomers form a cognitive schema which guides ongoing attitudes and behaviour.

Sensemaking has primarily been viewed as a way of understanding the rapid information acquisition which occurs during the early phases of socialization,

although it has vast potential (Saks and Ashforth, 1997) for research into various aspects of organizational socialization. The information seeking model proposed by Miller and Jablin (1991) takes a sensemaking approach, with observation in the workplace viewed as the critical means by which newcomers obtain information with which to construct cognitive schemata. Additionally, De Vos and Freese (2011) have used sensemaking theory to explain the development of the psychological contract during organizational socialization. The view taken in this thesis is that sensemaking provides greater potential to explain the process of organizational socialization than URT. There are two major reasons for this. First, largely due to its cyclical nature, sensemaking can be applied to all commonly studied stages of socialization (Kramer, 2010). This is not the case for URT, which focuses only on the very early stages of socialization. Second, sensemaking provides greater depth in describing the process of integration than URT. Specifically, sensemaking describes not only the process that drives newcomers to obtain information, but also the way this information is used by newcomers and the way it drives attitudes and behaviour through the creation of a cognitive schema. For these reasons, sensemaking is used as a theoretical basis for the conceptual model described later.

### 2.5.3 Social exchange theory

A further theory which has been applied to organizational socialization is social exchange theory, which stems largely from the work of Homans (1958), Blau (1964) and Thibault and Kelly (1959) in the sociology and psychology literatures. The theory broadly states that social behaviour is guided by a series of interdependent interactions between individuals which generate obligations (Cropanzano and Mitchell, 2005), and that individuals interact with others as a function of their perceptions of available rewards (Homans, 1958; Thibault and Kelley, 1959). At the centre of social exchange theory lies the social norm of reciprocity (Gouldner, 1960), which states that individuals should help, and not injure, others who have helped them. The theory views social behaviour as “an exchange of goods, material goods but also non-material ones, such as the symbols of approval or prestige”, such that “persons that give much to others try to get much from them, and persons that get much from others are under pressure to give much to them” (Homans, 1958, p. 606).

Social exchange theory has been a tacit basis for communication theorists approaching socialization from developmental (Jablin, 2001), group (Moreland and

Levine, 2001) and learning (Morrison, 1993b) perspectives. These approaches are generally built on the assumption that organizational members communicate more with other members from whom they expect to receive the highest rewards relative to their own investment (Waldeck and Myers, 2007). Whilst seldom explicitly used as a guiding principle in empirical studies in the area, social exchange theory can explain each of the main stages of the socialization process (Kramer, 2010): cost benefit analyses are conducted as individuals decide whether to join an organization during anticipation, then during encounter and adjustment information is exchanged as employees learn about their new environment. A major advantage of social exchange theory as applied to organizational socialization is that it makes clear links to employee attitudes and behaviour during the socialization process. Following the norm of reciprocity, individuals who perceived that the organization has helped them in some way would be expected to return this help in kind, which might occur in the form of more commitment and better performance. For this reason, social exchange theory is used in the conceptual model developed in this thesis to examine organizational socialization in healthcare staff.

#### 2.5.4 The Psychological contract

The psychological contract refers to “the perceptions of both parties to the employment relationship – organizations and individuals – of the reciprocal promises and obligations implied in that relationship” (Guest and Conway, 2002, p. 22). A large proportion of the existing literature on the psychological contract has focussed on the concept of breach, which occurs when there is a perceived discrepancy between what has been promised by the organization and what is subsequently delivered (Morrison and Robinson, 1997) and can result in numerous negative outcomes for staff and organizations (e.g. Coyle-Shapiro and Kessler, 2000; Turnley et al., 2003; Turnley and Feldman, 2000). Additionally, several authors have examined the development of the perceptions which make up the psychological contract over time (Rousseau, 1995; Shore and Tetrick, 1994), with a handful of studies using elements of organizational socialization theory to track the development of psychological contract beliefs (e.g. De Vos et al., 2003; De Vos and Freese, 2011; Rowland and Ferris, 1999; Thomas and Anderson, 1998; Robinson et al., 1994).



Largely missing from the literature, however, is a detailed application of the psychological contract to the process of organizational socialization. This is somewhat surprising given that the early and influential approach of Schein (1978) described organizational socialization in psychological contract terms. In particular, Schein's "mutual acceptance" stage is described as the point at which the psychological contract is "defined" and the employee begins to accept the organization. There are several reasons why the psychological contract may be suitable for use in a conceptual model to examine the process of organizational socialization. First, organizational socialization appears to influence both the development of perceived promises as well as perceptions of fulfilment and violation. Specifically, the communication which occurs around organizational entry has been implicated as the process through which the psychological contract forms (e.g. De Vos and Freese, 2011), whilst inadequate socialization can also increase perceptions of breach at a later time, since misunderstandings are more likely to occur (Morrison and Robinson, 1997). Second, the psychological contract appears able to explain the major elements of socialization and how they drive employee outcomes. The initial stages of socialization can be viewed as a process of negotiation between employer and employee through which the psychological contract is formed, through both active and passive information acquisition. During the later stages when the deal has been made, on the other hand, continued fulfilment or violation become the mechanisms through which employee outcomes are driven. Third, the psychological contract is based upon the theories of sensemaking and social exchange. Specifically, sensemaking has been implicated as the mechanism through which the deal is formed (De Vos et al., 2003) whilst social exchange is assumed to be the mechanism that drives outcomes (Rousseau, 1995). The psychological contract, therefore, may be suitable for uniting the theoretical and conceptual approaches to organizational socialization. This issue is discussed in depth in the following chapter.

#### 2.5.5 Conclusions: theories applied to socialization

Whilst various theories from the social sciences have been applied to the process of organizational socialization, few have been able to explain the process as a whole. Uncertainty reduction theory has been the implicit basis for much work in the area, although it is somewhat limited in terms of its ability to explain anything other than

the acquisition of information at entry, including the development of employee attitudes. Sensemaking theory, on the other hand, appears to provide additional utility over URT by describing the process through which newcomers interpret and internalise their experiences in order to make the environment more predictable. Finally, social exchange theory is useful in describing the link to employee attitudes and behaviour. For these reasons, the conceptual model used to examine organizational socialization in hospital newcomers developed in this thesis is based on the theories of sensemaking and social exchange. Importantly, these theories are tied together using the psychological contract framework, which itself has roots in social exchange theory and sensemaking. The psychological contract therefore forms the second major construct of interest in this thesis, and its application to socialization is covered in depth in chapter three.

## **2.6 Outcomes and study designs**

As theories of organizational socialization tactics and newcomer proactivity were developed, researchers sought to test their utility through empirical analysis. Confusion arose, however, regarding the relative appropriateness of various outcomes measures with which the effects of “socializing influences” (Kammeyer-Mueller and Wanberg, 2003, p. 783) on integration could be measured. Put another way, there has been some debate as to what indicates “successful” socialization. Since this thesis discusses an empirical examination of a framework designed to assess organizational socialization in healthcare staff, the purpose of this section is to assess the major outcome and study designs which have been used previously .

### **2.6.1 Outcome measures**

The outcome measures used in socialization research to date fall into two broad categories, often referred to in the literature as *distal outcomes* and *proximal outcomes* (Saks and Ashforth, 1997). Earlier research around organizational socialization, and particularly studies examining the organization as an information provider, tended to focus on traditional measures of work-related attitudes and well-being such as commitment, satisfaction and turnover intention. Such measures have been termed the “distal” outcomes of socialization. Various empirical studies have demonstrated that newcomers who receive a structured and formal process of socialization from their organization in the form of “institutionalised” (Jones, 1986)

socialization tactics, or who are themselves more proactive at organizational entry, report better outcomes on various distal measures (Bauer et al., 2007).

More recently, researchers have begun to focus on outcomes that are thought to more closely reflect the expected benefits of a positive socialization experience at the micro-level. These “proximal” level outcomes, which are generally taken to indicate the “success” of socialization, have generally been assessed in two ways. The first is through the use of a bundle of measures that typically includes task mastery, role clarity and social integration (e.g. Kammeyer-Mueller and Wanberg, 2003). The second is through scales which measure socialization knowledge (e.g. Chao et al., 1994). As described earlier, such scales can generally be viewed as measuring knowledge about the role/task, team and organization. Again, there is a solid literature which indicates that institutionalised socialization tactics and proactive newcomer behaviour are associated with better outcomes on various proximal outcome measures (e.g. Chan and Schmitt, 2000; Ashforth, Sluss and Saks, 2007). Additionally, measures of socialization knowledge have been shown to mediate the relationship between measures of information seeking and distal level outcomes such as intention to leave (Bauer et al., 2007). In general, the literature indicates that both proximal and distal outcome measures are of importance, with proximal measures suited to assessing the extent of socialization, and distal measures more suited to examining its effects. The conceptual model presented in this thesis, therefore, will include a role for both types of measure.

### 2.6.2 Study designs

In terms of study designs, even a brief scan of the literature reveals that organizational socialization is not an area that could be criticized for producing poor quality studies. Whilst the overall research output may be low in comparison to other areas, the meaningful study of socialization as a process relies upon consideration of the temporal aspects of joining an organization. As such, the majority of studies in the area use longitudinal designs which often feature more than two time points, a good number of which have been published in well-respected applied psychology and management journals. A meta-analytic review of empirical organizational socialization survey research conducted by Bauer et al. (2007) examined 70 unique studies of socialization, of which 83% were longitudinal designs. The average number of data collection points used in these studies was 2.9 and the average time

for the first data collection point was one week post-entry, with most studies having collected data by 6 months.

Despite the high quality of studies in this area, there are also several limitations in the approach taken to research thus far. One potential weakness is the paucity of qualitative accounts of socialization which, given the absence of an underlying theory of socialization, could provide a rich and useful source of data through which some of the less well understood parts of the process could be investigated. An additional weakness is that a great number of studies in the area are conducted with samples of neophyte workers, often school leavers or university graduates, when in fact a large amount of socialization occurs with more experienced organizational newcomers. Moreover, whilst studies have been conducted across a range of sectors and occupations, the public sector in general and healthcare in particular has largely been overlooked. This thesis will attempt to address these issues and others, which are summarized in the following section.

## **2.7 Key outstanding research issues**

The previous sections of this chapter have outlined the major conceptual approaches to research into organizational socialization, the theories which may be applied to these approaches and the study designs used for research. The purpose of this section is to describe the various criticisms of the existing literature and areas where additional research is required. The research presented in this thesis aims to tackle each of these issues, discussed below.

### **2.7.1 Reliance on survey methods**

One limitation of the socialization literature to date is that whilst featuring some high quality studies, the vast majority of research in the area has used survey methodology alone to examine the process of newcomer integration. Despite some enlightening ethnographic and interview studies (e.g. Scott and Myers, 2005), qualitative accounts of socialization are rather thin on the ground. The organizational socialization literature has generated a large amount of empirical research in a short time, but has been criticised for a lack of theory (Ashforth, Sluss and Harrison, 2007) and the prevailing focus on the “what” rather than the “why” of the process (Bauer et al., 1998). Given these criticisms, socialization would seem a useful context in which to apply longitudinal qualitative designs, which are often able to delve into the “why”

rather than the “what” of social processes (Holland, Thomson and Henderson, 2006) and provide rich data regarding individual reactions to change (Henwood and Lang, 2003) in a way that quantitative designs may not be able to.

### 2.7.2 Focus on raw recruits

A further limitation of the socialization research literature to date is the prevailing focus on “neophyte” workers, which represents a slightly narrow approach (Ashforth, Sluss and Harrison, 2007). Although undoubtedly an important group, not least because associations between socializing influences and outcomes tend to be stronger in these individuals (Bauer et al., 2007), staff who are newcomers to both the organization and the role are by no means representative of the vast array of individuals undergoing organizational socialization on a daily basis in the real world. In fact, many new starters are likely to be experienced “veteran” newcomers who are moving from one organization to another within the same sector. As reviewers in the area (e.g. Ashforth, Sluss and Harrison, 2007) have pointed out, the central question of how far it is possible to resocialize these individuals remains largely unanswered by the existing literature. The most obvious way to address this issue is to recruit a research sample of all newcomers to an organization, which would include both neophytes and veteran newcomers.

### 2.7.3 Breadth of research samples

A third and related issue of study design concerns the breadth of contexts from which research participants are recruited into organizational socialization studies. As a consequence of the focus on graduate neophyte populations, which has itself probably occurred at least partly as a result of the relative ease with which such individuals are recruited into university research studies, a good number of studies in the area have recruited a sample individuals who are each entering a different organization. This is because they are often recruited at the conclusion of a programme of academic study and subsequently followed up when they have begun working in an organization. Two recent examples using this design are provided by Ashforth, Sluss and Saks (2007) and Gruman et al. (2006). This type of study design is not problematic in itself, since it allows the examination of contextual variables (relating to, for example, various aspects of organizational culture during socialization) across different organizations. There are, however, limitations of the

inter-organizational level of analysis. One of these is that relying on survey data from a single employee as a source of information regarding organizational practices may be an exercise of questionable reliability. A second is that the approach does not allow for the examination or comparison of local cultures within one organization. The second typical approach to study recruitment is where individuals are invited into studies in groups from several organizations. Again, whilst these studies have provided hugely useful information about the process of socialization, they might be slightly limited in terms of the extent to which they are able to examine local level issues. Several commentators and researchers in the area have begun to recognise the importance of local level processes in socialization (e.g. Anderson et al., 1999; Moreland and Levine, 2001), and the literature on newcomer learning in particular has examined information acquisition from a variety of local sources. With this in mind, an alternative methodology which may complement the current prevailing approaches would be a case study design whereby newcomers to one single organization are surveyed and interviewed longitudinally. This type of design would allow for more detailed examination and comparison of the local factors which are influential in the socialization process.

#### 2.7.4 Lack of attention to healthcare sector

A fourth issue with the socialization literature to date is that most of the existing studies have been conducted with white collar populations in private sector organizations. Aside from the questionable generalizability of such samples to the overall working population, this focus omits the public sector workforce, including healthcare staff. One reason why the healthcare workforce represents an important group to study is that turnover and lateral movement between organizations is relatively high in this sector. The process of organizational socialization therefore becomes more important, because organizations and individuals are doing it more often, and because the process as a whole might be utilized to achieve a more satisfactory employment relationship for both parties.

A more fundamental reason why it is important to study public sector organizations such as hospitals is that the context and culture in which socialization takes place is somewhat specific. Organizational outcomes are unlike to those in the private sector, because the focus in healthcare is on the high quality treatment of patients rather than on profit or material output. This implies that individual expectations and the content

of learning may be somewhat different in this context. Moreover, NHS trusts are often large organizations with a wide array of occupational groups and organizational divisions, which may place additional importance on socialization at a local level. Indeed, since it is notoriously difficult to study performance outcomes in healthcare, the micro-level examination of human resources processes such as socialization could provide an extremely useful indicator of organizational performance in terms of how newcomers are treated. The study of the socialization process in healthcare would therefore add useful information to the current evidence base, particularly in terms of addressing the question of whether the antecedents and consequences of integration are indeed context specific.

#### 2.7.5 Nature of outcomes

A fifth limitation in the socialization literature concerns the outcomes which are commonly used in empirical studies in the area. The literature has remained quite narrowly focussed on two bundles of measures which are thought to describe the effectiveness of socialization in either proximal or distal terms. Excepting a few attempts at measuring outcomes such as embeddedness (see Allen, 2006) and organizational identification (see Ashforth and Saks, 1996), the focus on these traditional measures has led to the neglect of other potentially important outcomes. One potential outcome of socialization which has escaped rigorous attention in the literature is performance, prompting a number of reviewers (e.g. Cooper-Thomas and Anderson, 2006) to call for greater use of outcome measures which examine this construct.

Since performance outcomes in healthcare are somewhat distinctive, the examination of performance in the hospital context in which the current research is to be performed merits discussion here. The primary performance outcome of interest in healthcare is that of service quality, which also therefore forms a major outcome of interest for the thesis. There is a large literature on the meaning and measurement of service quality in healthcare, with the early seminal work of Donabedian (1988) being highly influential. Donabedian noted that healthcare provider performance could be divided into two separate aspects: technical quality of care, which depends on “arriving at the appropriate strategies of care and on skill in implementing those strategies” (p. 1743), and interpersonal care, “the vehicle by which technical care is implemented and on which its success depends” (p. 1744). The focus on quality in

this thesis will be on both of these aspects of quality. Additionally, and as discussed in chapter one, the research presented in this thesis will examine other potential outcomes of the socialization process which may impact upon quality, namely staff attitudes and well-being.

#### 2.7.6 Focus on “positive” aspects of integration

A sixth issue with the current research literature in the area relates to a lack of attention to the negative aspects of organizational socialization. In general, socialization researchers have been searching for the decisive combination of factors which leads to successful integration. The end point of the process is often assumed to be some type of mutual acceptance between the organization and the employee (e.g. Schein, 1978), and among the major stage models of socialization, only the assimilation approach discuss disengagement to any great extent (e.g. Jablin, 2001). Likewise, whilst intention to leave is often used as an outcome variable in empirical studies of socialization, the focus of studies is on reducing these intentions such that the variable is effectively viewed as an indicator of successful socialization. In fact, the high levels of voluntary turnover seen in many sectors, including the NHS, are proof that many employment relationships do not end in such happy circumstances, particularly in light of the much debated changing employment relationship and decline of the “job for life” (Conway and Briner, 2005, page 49). Greater investigation of the socializing influences which lead to poor integration and turnover would undoubtedly shed more light on the process of organizational socialization and be of use to organizations. These issues are therefore given particular attention in the research presented in this thesis.

#### 2.7.7 Rigidity of socialization

A seventh and related criticism which has been levelled at the area of organizational socialization is that the prevailing focus is rather rigid, ignoring what has been termed the “lumpiness” of socialization (Ashforth, Sluss and Harrison, 2007, p. 6). One of the main criticisms of the original stage models was that they were too structured. In particular, the presumption that issues from each stage must be resolved prior to progression may imply an overly sequential process of socialization (Jablin, 2001), since it is at least intuitively more likely that individuals switch back and forth between stages. Partly as a consequence of this criticism, stage models fell



by the wayside and escaped detailed empirical investigation, whilst research attention switched to micro-level accounts of socialization which barely recognised the concept as a process at all. As Ashforth, Sluss and Harrison (2007) point out, however, what has been lost in the building of this body of research is the recognition that socialization is almost certainly not a process of smooth transitions, and that a number of significant events may serve as “turning points” (p. 6) along the way.

In fact, this “lumpiness” was a feature of one of the earliest accounts of organizational socialization, where Louis (1980) identified organizational “surprises” and the subsequent cognitive sensemaking process as the critical factors in newcomer integration. Since this time, however, there has been limited interest in the subject of “turning points”. One possible reason for this is the lack of exploratory qualitative studies in the area; a second is the lack of attention to “poor quality” socialization. Indeed, when turning points have been examined in research around organizational entry (e.g. Gundry and Rousseau, 1994; Louis, 1980) it is generally with reference to their positive effects on integration. Conversely, however, when these types of events have appeared in the wider organizational psychology literature, they have generally been viewed as the beginning of a process of organizational disengagement. One example of this is the concept of psychological contract breach, an event which is associated with various negative work-related attitudes and behaviours including increased intention to leave (Turnley and Feldman, 2000). A second is the unfolding model of voluntary employee turnover proposed by Lee and Mitchell (1994), which describes shocks as significant events which jar employees towards a decision-making process regarding, ultimately, whether they wish to leave or remain. Whilst Lee and Mitchell’s shocks may be positively, negatively or neutrally valenced, their primary influence is on the process of disengagement (Holtom, Mitchell, Lee and Inderrieden, 2005). Although these types of turning points and others like them have not been studied extensively in the socialization literature to date, they may well hold the key to providing more fruitful information about the relationship between socialization experience and integration or disengagement. The research presented in this thesis addresses this issue through the examination of such turning points, using both qualitative and quantitative methods.

### 2.7.8 Lack of attention to theory

The eighth major area for development to be covered here is the well-rehearsed yet still valid criticism that the socialization literature has no sound theoretical basis or overarching framework with which the major elements of the process can be united (Saks and Ashforth, 1997). Although a number of theories have been applied to socialization, the empirical research has tended to examine these either implicitly or not at all, and no single theory appears able to tie together the major approaches in the literature. For the purposes of this thesis, and more broadly, a theoretical approach is required which ties together the important conceptual approaches to the process of organizational socialization, namely active learning, passive learning and stage theories. These approaches will be drawn together in the thesis using sensemaking and social exchange theory. In turn, these theories are united through an application of the psychological contract framework to the process of organizational socialization. The psychological contract is discussed in some detail in chapter three.

## **2.8 Summary and conclusions: organizational socialization**

The purpose of this chapter has been to review the extant literature regarding the process of organizational socialization. In general, the area has produced a variety of high quality research studies usually based on longitudinal survey methods, with three major conceptual approaches taken to research in the area. The earliest of these examined the temporal stages of the process, the second examined the tactics used by the organization to socialize newcomers and the third and most recent has placed newcomer learning, through both active and passive means, at the centre of the socialization process. For the purposes of the research undertaken in this thesis, both the stage approach and the learning approach appear to be suitable for use in a conceptual model to examine socialization in healthcare staff, although the tactics approach appears unsuitable largely due to its lack of focus on newcomer proactivity.

Despite some enlightening findings, some areas remain where more work is required to understand socialization. In particular, the following eight issues were identified as weaknesses in the literature to date: a reliance on survey methods; a focus on raw recruits; the breadth of research samples; a lack of attention to healthcare sector; a narrow focus on outcomes; a focus on the positive aspects of integration; the assumed rigidity of socialization; and a lack of attention to theory. Perhaps the most

important of these in terms of designing a research study in this area is the lack of a strong theoretical basis, despite the existence of several theories with the potential to explain aspects of the process. Here, social exchange theory and sensemaking are used to underpin the research, whilst the psychological contract framework is used to tie these theories together. The psychological contract has escaped rigorous examination in this context but may hold the advantage of being able to unite the major aspects of the socialization process. With this in mind, the concept of the psychological contract, and its application to the study of socialization, will be reviewed in detail in the following chapter.

## Chapter 3

### The Psychological Contract

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The purpose of this chapter is to review the second broad area of the organizational psychology literature that is of relevance to this thesis, relating to the psychological contract. As described in chapter two, the psychological contract may provide a framework through which the conceptual and theoretical approaches to the study of socialization can be drawn together for use in the research presented in this thesis. Much like organizational socialization, the concept of the psychological contract has received vastly increased attention from academics in the last two decades, with research attention focussed on two major areas. The majority of research has examined the concept of psychological contract breach, whilst a smaller amount of attention has been given to the contents of the psychological contract and the issue of how they are shaped over time. The aim of this chapter is to review these two major parts of the literature and their potential application to organizational socialization.

The chapter is made up of five further sections. In section two the various definitions and conceptual issues in the area are discussed, before a review of the concept of psychological contract breach is provided in section three. The fourth section examines the contents of the psychological contract, whilst the fifth section examines theories of psychological contract development. The sixth and final section discusses empirical research studies which have examined the development of the psychological contract during organizational socialization.

#### 3.1 Definitions and conceptual issues

Scholars such as Roehling (1997) have generally attributed the earliest references to the psychological contract to Menninger and Holzman (1958), March and Simon (1958) and Argyris (1960). The major step forward in this early period of interest in the concept, however, was made by Levinson and colleagues (e.g. Levinson, 1965; Levinson et al., 1962), who defined the psychological contract as “a series of mutual expectations of which the parties to the relationship may not themselves be even dimly aware but which nonetheless governs their relationship to each other” (Levinson et al., 1962 p. 21). A further important contribution to the early

psychological contract literature was provided by Schein (1965; 1978; 1980). Schein defined the psychological contract as “an unwritten set of expectations operating at all times between every member of an organization and the various managers and others in the organization” (1980, p. 22), and was perhaps the first to place the psychological contract at the centre of the employment relationship and suggest that it should be viewed as a major variable of analysis (see Schein, 1965). For Schein, the psychological contract was linked to attitudes through the concept of “match”, such that a high degree of congruence between the expectations of the employee and the organization results in a high level of employee satisfaction. This is in contrast to some of the more modern conceptualizations which view the level of congruence between perceived obligations and perceived contributions as the major driver of ongoing attitudes.

The next major period of interest in the psychological contract was triggered by Rousseau’s seminal paper (Rousseau, 1989) and later text (Rousseau, 1995). Rousseau’s conceptualization of the psychological contract differed from previous accounts in several ways which made the psychological contract more concrete and distinct from other existing areas of organizational psychology, offering researchers the possibility of examining a new concept through relatively simple survey methods (Conway and Briner, 2005). In particular, Rousseau’s account viewed the psychological contract as consisting of perceived promises, whereas previously authors had tended to refer to expectations. Another important shift in focus related to the links between the psychological contract and outcomes. Where Schein, for example, had described a state of satisfaction which would develop from a perceived match between organizational and individual expectations, the major pathway through which behaviour would be affected for Rousseau was through psychological contract violation, where the organization fails to provide something which the employee believes they are obliged to.

In one of the most widely cited early definitions, Rousseau (1995, p. 9) describes the psychological contract as the “individual beliefs, shaped by the organization, regarding terms of an exchange agreement between the individual and their organization”. More recently, however, several authors have pointed out conceptual issues with this definition. In particular, there are two important implications of Rousseau’s definition which may conflict with the conceptual focus used in the

research presented here. First, Rousseau's definition implies that the psychological contract is concerned only with the perceptions of the employee rather than the employer. However, several authors (e.g. Guest, Isaksson and De Witte, 2010) have disagreed with this implication, whilst the current research is based in part on social exchange theory which implies that the organization's role in the relationship must also be taken into account. Second, Rousseau implies that the psychological contract is shaped only by experiences in the current organization, an issue which has also drawn debate in the literature, since authors both before (Schein, 1965) and after (Conway and Briner, 2009) Rousseau's original papers have acknowledged the role of previous work or non-work experience in the development of the psychological contract. This implication is also problematic for the current research, which specifically aims to examine differences between veteran and neophyte newcomers. In order to avoid placing such potential limitations on the concept of the psychological contract, it is defined here using a broader definition conceived to overcome these issues. Specifically, the psychological contract is defined as "the perceptions of both parties to the employment relationship – organizations and individuals – of the reciprocal promises and obligations implied in that relationship" (Guest and Conway, 2002, p. 22).

### **3.2 Breach and violation of the psychological contract**

The area of psychological contract literature which has attracted the most research attention relates to psychological contract breach and violation. An important contribution to the research in this area was provided by Morrison and Robinson (1997), who distinguished between the cognitive appraisal and emotional reaction components of a phenomenon which had previously been described by the interchangeable use of the terms "breach" and "violation". Specifically, the authors defined psychological contract breach as "the cognition that one's organization has failed to meet one or more obligations within one's psychological contract in a manner commensurate with one's contributions". Violation, on the other hand, is defined as "the emotional and affective state that may, under certain conditions, follow from the belief that one's organization has failed to adequately maintain the psychological contract" (p. 230). The vast majority of studies in the area have examined the consequences or, to a lesser extent, antecedents to these constructs. These two major approaches are reviewed briefly below.

### 3.2.1 Antecedents to breach and violation

The major model examining the development of breach and violation was proposed by Morrison and Robinson (1997), who describe a complex set of factors which are expected to give rise to perceptions of breach and violation. The model states that any perceived violation will ultimately occur as a result of one of two underlying processes. Reneging occurs where the organization knowingly fails to deliver on a promise. The organization may be unable to deliver the promise due to factors such as poor organizational performance, or unwilling to deliver the promise due to factors such as poor individual performance. The second process which leads to violation is incongruence, which occurs where an individual perceives a promise to have been made but the organization does not. Incongruence is more likely to occur when promises are particularly complex or ambiguous, where the two parties have significantly divergent work related schemata as a result of inadequate socialization, or where inadequate communication occurs around organizational entry. It is important to note here that the latter two of these are the primary routes through which organizational socialization can affect psychological contract violation.

Incongruence or reneging may lead to a perceived unmet promise in situations where the promise is of particular salience to the individual, or where the individual is particularly vigilant. Salience is heightened where promises are particularly important or explicit, whilst vigilance is heightened where staff are uncertain, where the costs of discrepancies are high enough to discourage individuals to seek them out or where employee trust is low. An unmet promise will come to be perceived as a breach only where the individual believes they have upheld their own side of the deal, a mental calculation which may be somewhat skewed by self-serving biases and threshold effects relating to, for example, individual differences in equity sensitivity. Crucially, the perception of breach triggers a sensemaking process, which may occur consciously or subconsciously. In attempting to attach meaning to the perceived breach, employees particularly consider four specific factors. Specifically, a perceived breach is likely to elicit a strong perception of violation where the outcomes of the breach are perceived to be important, the breach is attributed to purposeful reneging, the process is deemed to be unfair or where the breach runs counter to the perceived prevailing social contract. In terms of organizational socialization theory, then, there are two important implications of this model. The

first is that incongruence, one of the two primary causes of breach and violation, is thought to develop largely as a result of either inadequate organizational socialization or inadequate communication around entry. The second is that the occurrence of breach acts as a surprise, much like those described by Louis (1980), which triggers a sensemaking process and may elicit emotional, attitudinal and behavioural responses. These two implications begin to suggest that the psychological contract may be suitable for use in a model of organizational socialization.

Robinson and Morrison (2000) tested several aspects of this model using longitudinal survey data, revealing that contract breach was more likely where organizational and individual performance were low, pre-hire interaction with organizational agents was less frequent, formal socialization occurred less, employees had a history of breach or more employment alternatives were available. Hence, the data showed some support for reneging, incongruence and vigilance as causes of breach. Perceptions of unfairness and attributions of reneging also increased perceived violation. Several studies have uncovered other antecedents to psychological contract breach and violation. For example, inadequate human resources practices (e.g. Guest and Conway, 2000) and poor support at work (e.g. Dulac, Coyle-Shapiro, Henderson and Wayne, 2008) lead to increased perceptions of breach, possibly because these factors affect employee vigilance. Individual differences may also affect the perception of breach; Raja, Johns and Ntalianis (2004), for example, found that personality traits such as neuroticism predicted perceived breach. Additionally, there is some evidence that unfavourable comparison to peers can lead to the perception of breach (O'Neil, Halbesleben and Edwards, 2007). Each of these cases appear to support Robinson and Morrison's (2000) model, since individual differences may contribute to the comparison process following the perception of an unmet expectation, whilst social comparison is somewhat analogous to the "social contract" within which individuals evaluate their own deal.

### 3.2.2 Consequences of breach and violation

In contrast to the research literature examining the antecedents of psychological contract breach and violation, countless studies have examined the outcomes of these two constructs. Two major reviews in the area (Bal et al., 2008; Zhao et al., 2007) have reported that perceived psychological contract breach is associated with a wide array of negative outcomes for staff which fall into the categories of affective



outcomes (e.g. decreased trust), attitudinal outcomes (e.g. reduced job satisfaction and organizational commitment), and behavioural outcomes (e.g. reduced organizational citizenship behaviour). Associations are generally stronger for attitudinal outcomes than behavioural outcomes; indeed, a meta-analysis found no association between breach and turnover behaviour (Zhao et al., 2007). An important point of note here is that many studies, including Zhao et al.'s meta-analysis, have viewed violation as one of many potential outcomes of breach. Several more recent studies, however, have begun to treat violation as the important psychological contract construct of interest (e.g. Arshad and Sparrow, 2010).

Probably the most often adopted theoretical approach to the link between breach, violation and outcome utilizes social exchange theory, where a perceived breach of the psychological contract is hypothesised to result in a reduction in contributions from employees seeking to maintain balance in the exchange (Robinson et al., 1994; Robinson and Rousseau, 1994; Turnley et al., 2003). Others have used the concept of trust to explain the link, such that a broken promise results in decreased trust in the relationship which in turn leads to employee withdrawal and a reduction in commitment (Robinson et al., 1994). Responding to criticism that research has failed to take account of the very different nature of the outcomes in question, Zhao et al. (2007) applied Affective Events Theory to breach, using meta analysis to validate a model in which psychological contract breach first results in affective reactions (i.e. feelings of violation and mistrust) which then predict attitudinal and behavioural outcomes. Additionally, as pointed out by Conway and Briner (2005), fulfilment involves the provision of material goods which are of importance to the individual, whereas breach does not. Where breach occurs, therefore, employees would not receive the potentially attitude-boosting effects of receiving those goods. Moreover, the experience of breach prevents employees reaching important goals, which can lead to goal frustration and negative affective reactions (*ibid*).

### 3.2.3 Summary of this section

A variety of research studies have demonstrated that psychological contract breach is associated with poorer levels of workplace well-being, with various theories, most often social exchange, used to account for the associations. Whilst there is some good evidence that certain factors can increase perceptions of breach, more research is needed, particularly into the utility of Robinson and Morrison's (2000) model.

Importantly, however, there is evidence that adequate socialization and the communication which occurs around organizational entry is of influence in subsequent perceptions of psychological contract breach and violation, and that sensemaking is involved in this process. Hence, the research and theory to date suggests that psychological contract breach and fulfilment are of potential use in explaining some aspects of the process of organizational socialization.

### **3.3 The contents of the psychological contract**

The contents of the psychological contract, which refers to the perceived promises and obligations which make up the deal, has been examined rather less than the concepts of breach or violation, which researchers have been able to assess with relative simplicity. However, the way in which perceived promises form is important with regard to the potential application of psychological contract theory to organizational socialization, because existing theory and research suggests that these two process are closely linked (Rousseau, 1995; Shore and Tetrick, 1994; De Vos et al., 2003; Thomas and Anderson, 1998; Conway and Briner, 2009). The literature which has accumulated in this area has examined three aspects of the contents of the psychological contract, relating to the contents of promises themselves, the antecedents to these promises and their potential consequences. These three approaches are briefly reviewed below.

#### **3.3.1 The content of perceived promises**

Empirical research examining the contents of the psychological contract has revealed a wide range of perceived obligations on both the employer and employee side (e.g. Herriot, Manning and Kidd, 1997). Rousseau (1990) developed a categorisation of these obligations, dividing them into two types, termed transactional and relational, following a similar approach which had been applied to legal contracts (e.g. Macneil, 1985). Transactional contracts refer to specific exchanges which take place over a short time period and are more likely to be explicit and tangible, whilst relational contracts include longer term promises which are more likely to be implicit and intangible. This description of contents has been supported several times (e.g. Coyle-Shapiro, 2004; Robinson et al., 1994), although other studies have not found the expected factor structure (e.g. Coyle Shapiro and Kessler, 2000). Moreover, the conceptualization has been criticised for painting a picture of the exchange that is too

clear-cut (Arnold, 1996). A related line of research is the “features based” approach to the psychological contract. This approach was initially introduced by McLean Parks, Kidder and Gallagher (1998), who attempted to identify a number of features of psychological contracts which are hypothesised to affect the way in which fulfilment or breach of the psychological contract might differentially affect outcomes. Specifically, McLean Parks et al. (1998) identified six dimensions along which psychological contracts can differ: focus, time frame, stability, scope, tangibility and particularism. These dimensions were later reconceptualised by Sels, Janssens and Van Den Brande (2004). As reviewers have noted (e.g. Conway and Briner, 2005), the features based approach may be a promising line of research, although it has suffered from a lack of research interest and has also been criticised for its apparent lack of theoretical underpinning (Guest, 1998). Given the lack of strong evidence for either the transactional-relational or features based approaches, they are not incorporated into the research undertaken here, where the aim is to trace the development of perceived promises. However, several other studies have examined psychological contract development in different ways; these are discussed in section five.

### 3.3.2 Antecedents of perceived promises

A limited amount of research attention has focussed on the factors which are thought to shape the perceived promises which make up the psychological contract. Conway and Briner (2009) describe existing knowledge about antecedents at the three levels of organizational factors, external factors and individual factors. In the context of this thesis, which seeks to assess how organizational socialization affects employee well-being, external and organizational factors are the most important of these. The role of external factors in the development of the contents of the psychological contract are of relevance here because most organizational socialization theory recognizes the impact of experience which occurs prior to organizational entry (Jablin, 2001). External factors which are thought to influence the contents of the psychological contract are general work related expectations and perceptions of the prevailing social and economic climate, although there has been extremely limited empirical investigation of these issues to date.

By contrast, several organizational level factors which may be influential in the development of the psychological contract have been identified in the literature. For

example, studies have shown that human resources management practices (Guest and Conway, 1998) and supportive management structures (Guest and Conway, 2000) can alter the number of organizational promises perceived by employees, or the way in which these promises are interpreted. The most important organizational factor in the context of this thesis, however, is organizational socialization. In fact, organizational socialization applied to the psychological contract has been described as an individual level phenomenon (Conway and Briner, 2005), although it may be more appropriate to view socialization as straddling the individual and organizational levels of analysis, because both organizational messages and individual proactivity play an important role in the process. Although there is no theory or framework which has explicitly linked socialization and the psychological contract, two major theories of psychological contract development have been proposed by Shore and Tetrick (1994) and Rousseau (1995), both of which are assumed to occur during organizational socialization. Additionally, several studies (Robinson et al., 1994; Thomas and Anderson, 1998; De Vos et al., 2003; De Vos and Freese, 2011) have shown that the contents of the psychological contract are altered during organizational socialization. These theories and studies are discussed in later sections of this chapter. The important point here, however, is that the literature suggests that the development of the psychological contract, as well as the extent to which promises are delivered, is theoretically linked to organizational socialization.

### 3.3.3 Consequences of perceived promises

The consequences of the promises which make up the psychological contract have also escaped particularly rigorous empirical attention, largely because psychological contract breach has been viewed as the primary mechanisms by which ongoing attitudes or behaviour is affected by the psychological contract. However, the existing research has drawn on several major theories to explain the process through which the contents of the psychological contract affect staff outcomes. The first and most intuitive of these is social exchange theory. Described in detail in chapter two, social exchange theory follows the social norm of reciprocity, which in this context implies that employees feel obliged to return the perceived contributions of the organization. Hence, where the organization makes promises, employees respond with promises of their own, engendering commitment and increased performance. There has also been some suggestion that the formation of perceived promises should

lead to better outcomes because promises constitute goal structures. As a result, newcomers are better able to regulate and judge their own behaviour, and come to perceive that they are in control of their experiences, resulting in more positive workplace attitudes (Shore and Tetrick, 1994). Whilst no studies have explicitly examined the entire social exchange process with regard to the contents of the psychological contract (Conway and Briner, 2005), there are lines of research from the existing literature which could provide support for the theory. Several studies have examined the correlation between employee perceptions of their own obligations and those of their employer. Some of these have provided affirming evidence for this relationship (Rousseau, 1990), although others have found no association (Coyle Shapiro, 2002). Other studies have examined the relationship between perceived employee promises and behaviour, which should be positively related if social exchange theory holds. Again, however, mixed findings have emerged (e.g. Coyle-Shapiro and Kessler, 2000; Hui, Lee and Rousseau, 2004).

A second major theory which has been used to explain the link between psychological contract contents and employee outcomes is the matching hypothesis. Initially proposed by Schein (Schein, 1965), this theory states that the perceived “match” between and employee’s perceived perceptions of their own obligations and those of their employer is critical in the development of positive work related outcomes and behaviour. Shore and Barksdale (1998) later expanded on the theory, hypothesising that mutually high perceived obligations represents the optimum form of exchange which results in a broad range of obligations and, therefore, higher commitment on both sides. Conversely, where obligations are imbalanced, each side will seek to renegotiate the deal until balance is achieved or, in extreme cases, one party exits the relationship. Shore and Barksdale’s original data revealed that mutually high perceived obligations are linked to the best outcomes for employees (Shore and Barksdale, 1998), although beyond this the matching hypothesis has received very limited attention in the literature.

In sum, the studies which have examined the relationship between the contents of the psychological contract and employee outcomes have produced mixed results. One limitation of the existing empirical literature, however, is that the studies in this area have generally utilized cross-sectional survey designs. Whilst these methods have been extremely useful for providing information regarding the basic contents of the

psychological contract, as well as information regarding breach and fulfilment, they may not be the most appropriate method for examining the links between contents and outcome. In particular, these methods provide only a snapshot of what, theoretically, is an ongoing process of negotiation. A potentially more suitable design would examine, for example, whether change over time in perceived employer promises leads to change in levels of commitment as employees respond. Although several longitudinal survey studies have been conducted which examine the development of the psychological contract contents, reviewed later, they have not examined links to employee outcomes.

#### 3.3.4 Summary of this section

The most important point to be made in the context of this thesis is that, although the evidence is limited, there is some recognition that organizational socialization is one of the processes which can affect the contents of the psychological contract. In turn, there is some evidence that the perceived promises which make up the psychological contract may themselves affect employee outcomes. Hence, the literature implies that the contents of the psychological contract may act as an intervening mechanism through which socialization affects outcome, although this link has never been explicitly examined. The following sections go on to describe the theories and empirical studies which have examined the development of the psychological contract during early organizational tenure.

### **3.4 Theories on the development of the psychological contract**

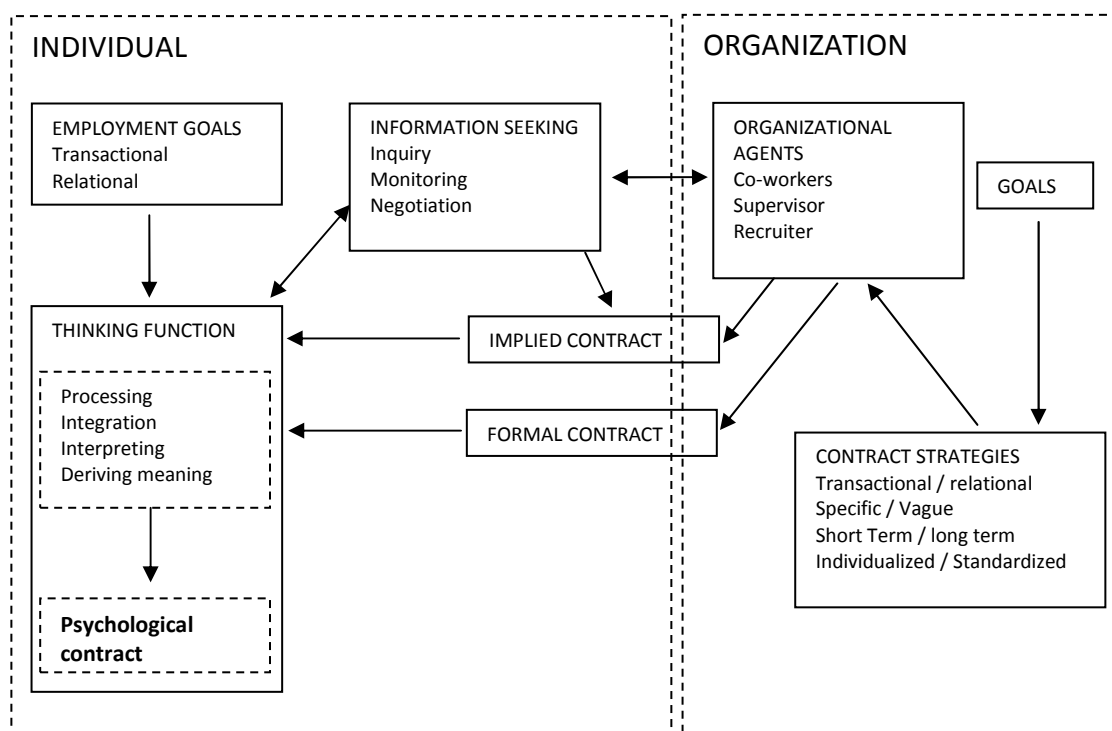
Although there has been limited theoretical writing specifically examining the interplay between the psychological contract and organizational socialization, a number of models have been generated which attempt to explain how the psychological contract develops over time. Four such models have been presented, proposed by Shore and Tetrick (1994), Rousseau (1995), Rousseau (2001) and Herriot and Pemberton (1996; 1997). Each of these is described below, followed by a critique of the models.

#### 3.4.1 Shore and Tetrick's (1994) model of psychological contract development

The first theory regarding psychological contract development to appear in the literature was proposed by Shore and Tetrick (1994). Shown in figure 2.1, Shore and

Tetrick's model concentrates on development at the earliest stage of the employment relationship, assuming that once developed the psychological contract remains relatively stable unless it is revised through the process of breach. Development is viewed as occurring through the interaction of individual and organizational factors, and whilst the authors note that both parties enter the employment relationship with an initial set of expectations which shape the psychological contract to some extent, the events subsequent to organizational entry are seen as being the most critical.

Figure 2.1: Shore and Tetrick's model of psychological contract development



Shore and Tetrick describe three inter-related factors which are influential in the development of unique psychological contracts and which vary between employees: individual goals, organizational goals and organizational cultures (and subcultures). At the individual level, Shore and Tetrick's approach draws on the feedback seeking model of Ashford and Cummings (1983) and states that newcomers seek information based on their goal orientation. In this context, individuals may be oriented towards the attainment of transactional or relational goals, and will therefore seek congruent information. Once obtained, the way in which the information is interpreted and subsequently incorporated into the employee's psychological contract can be shaped to some extent by individual difference factors such as previous experience.

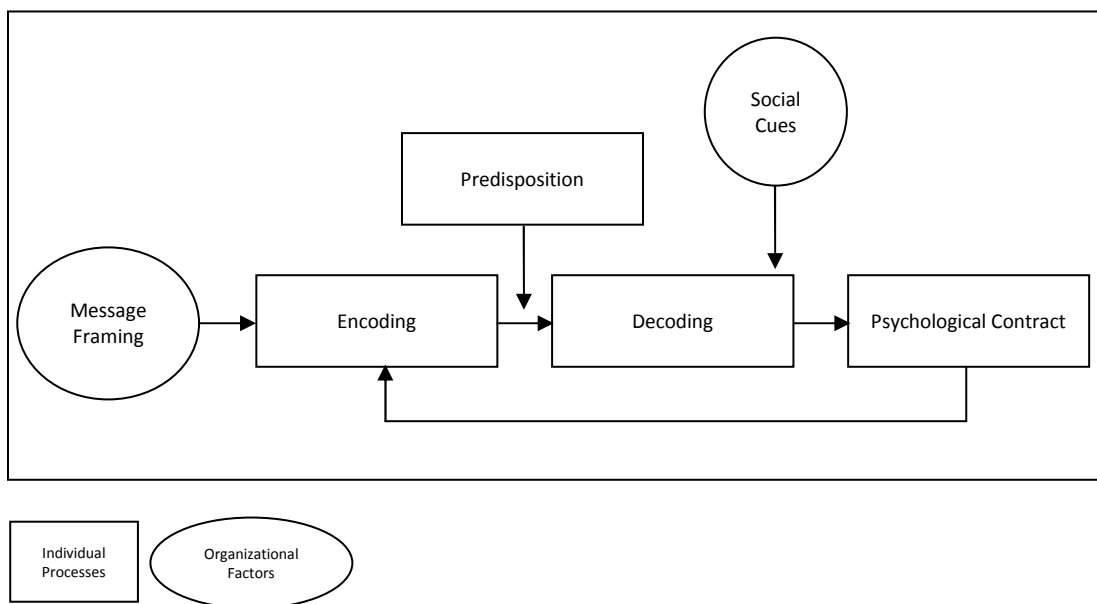
Meanwhile, at the organizational level, information is provided by various organizational actors, some of whom may deliberately misrepresent the organization. The content of the information, and specifically the degree to which it reflects reality, varies according to the goals and culture of the organization and where it is obtained. As a consequence of this organizational information giving, Shore and Tetrick state that the psychological contracts which form will differ along the four dimensions of specificity, duration, type (transactional or relational) and scope (individualized or standardized).

#### 3.4.2 Rousseau's (1995) model of psychological contract development

The second major model of psychological contract formation was proposed by Rousseau (1995) and is shown in figure 2.2. Rousseau's model takes a social cognitive approach to explain the way psychological contracts are encoded by individuals at the micro-level, a process influenced both by individual and organizational factors. Two factors at the organizational level are influential, the first of which is the various messages which are conveyed to employees by organizational actors through overt statements, policy documents, newcomer observation or social constructions. The second set of organizational factors which affect contract development is social cues from others in the work group, which have the function of shaping how employees interpret actions of the organization, conveying group norms and providing various types of information. Whether or not organizational messages are encoded as "promises" depends on the perception, at the individual level, of whether the agent of delivery is powerful enough to make such a promise, whether the promise is made in an appropriate context and whether the promise maker behaves in a manner consistent with their promise. When promises are encoded, individual dispositions can alter the way that the encoded information is used. In particular, various cognitive biases and individual career orientations can have an effect by, for example, altering the extent to which employees believe they have fulfilled their side of the deal. Following this, the next step in the process is decoding, which refers to the judgements which employees make concerning acceptable behaviour. The process of decoding effectively leads to the formation of the psychological contract.



Figure 2.2: Rousseau's model of creating an individual psychological contract



### 3.4.3 Rousseau's (2001) schema theory of psychological contract development

Rousseau's (2001) paper is not a model per se, but an attempt to understand the psychological contract in schema theory terms. In doing so, Rousseau links the psychological contract more directly to the process of socialization and identifies four stages during which the psychological contract is formed. First, during the pre-employment phase, individuals form initial work related schemata thorough previous employment or occupational socialization. Second, during recruitment, newcomers begin to fill in the blanks in their incomplete schemata as promises begin to be exchanged with organizational agents and the psychological contract begins to form. Third, during early socialization, newcomers seek information and organizations provide information which further flesh out schemata as more promises are encoded. Fourth, during later experience, the psychological contract becomes stable and resistant to change. Additionally, Rousseau asserts that the consistency and quality of received information is of influential in the extent to which schema are accurate, and that veteran newcomers are less likely to incorporate new information into their already well-developed schemata.

#### 3.4.4 Herriot and Pemberton's (1996; 1997) model of psychological contract development

Herriot and Pemberton's (1996; 1997) model does not describe the development of the psychological contract per se; rather, it is a management model aimed at improving the exchange process which occurs between an organization and an employee, recognizing both the explicit and implicit aspects of this process. However, Herriot and Pemberton's model is noteworthy in that it attempts to provide a description of the entire longitudinal process through which a psychological contract is formed and, possibly, breaks down. In doing so, Herriot and Pemberton describe the contracting process that should occur between the organization and the individual across four stages of formation. This process begins with the two parties informing each other of their wants and offers, then negotiating further, followed by a period of monitoring the deal for changes which results in either renegotiation or exit. Thus, Herriot and Pemberton's model takes a broad view of the development of the psychological contract rather than focussing on the very early stages of contract formation as per the models of Rousseau (1994) and Shore and Tetrick (1995).

#### 3.4.5 Critique of the existing theories of psychological contract development

Whilst a few longitudinal studies have examined the development of psychological contract perceptions over time (reviewed in the following section), none have explicitly tested the theories and their utility, therefore, remains difficult to judge. The current research aims to apply the concept of the psychological contract to the process of organizational socialization in order to tie together the major conceptual and theoretical approaches to the process. In their current form, there are a number of limitations of the existing theories which would make this difficult to achieve and, therefore, they would require some extension and alteration. These limitations are described below.

The major limitation of the theories of psychological contract development in the context of the current research relates to their scope. Shore and Tetrick (1994) and Rousseau (1994) provide relatively detailed information on the way in which influential information is acquired, but only describe what equates to the earliest stage of socialization. Rousseau (2001) and Herriot and Pemberton (1996; 1997) cover several stages of socialization but are rather more vague on how the contract is

formed. The current research aims to track the process of organizational socialization in hospital newcomers which, as described in chapter 2, consists of a number of stages besides initial encounter and involves the acquisition of various types of information from several sources. For this reason, the scope of the existing theories will be widened so that they cover each of the stages and socializing influences of relevance to organizational socialization.

A second and related limitation is that the theories do not include a role for psychological contract fulfilment or violation. This is somewhat surprising given that breach is a relatively common occurrence (Robinson and Rousseau, 1994) which has the potential to impact staff outcomes including the contents of the psychological contract (Coyle-Shapiro and Kessler, 2002; Lester, Kickul and Bergmann, 2007) and which is driven to some extent by early organizational experience. One element of the extension to the existing theories in the area, therefore, will be to include a role for fulfilment and violation. A third and final limitation of the existing theories is that they do not include outcomes other than the contents of the psychological contract. This is somewhat understandable given that each is a theory of psychological contract development rather than of socialization. However, an aim of the research is to examine the outcomes of the process of socialization. Therefore, any model incorporating the psychological contract would need to examine potential outcomes.

### **3.5 Research examining psychological contract development**

Although the empirical literature on the psychological contract is dominated by research which examines breach and fulfilment, several studies have focussed on the development of the contents of the psychological contract. Four major studies of this type have appeared in the literature, conducted by Robinson, Kraatz and Rousseau (1994), Thomas and Anderson (1998), De Vos et al. (2003) and De Vos and Freese (2011). These studies are of direct relevance to the research presented in this thesis, which aims to use the psychological contract as an explanatory mechanism in the process of organizational socialization. The purpose of this section, therefore, is to describe and critically review these studies.

#### **3.5.1 Empirical studies of psychological contract development**

The first study to appear in the literature which examined the development of the contents of the psychological contract was provided by Robinson et al. (1994). This

research aimed to test two competing hypotheses about how employees' perceptions of their own obligations and their employers' obligations change over time. The first hypothesis, based on the norm of reciprocity, suggests that employees' perceptions of both their own obligations and those of the organization should increase over time. This increase is hypothesised to occur as a result of the ongoing attempts of both parties to create balance by offering more to the exchange, coupled with an increasing level of trust in the relationship. By contrast, an "instrumental" perspective would suggest that employees will come to perceive that they owe less over time whilst their employers in fact owe more. This pattern of change is hypothesised to occur because employees perceive their own continued presence in the organization to be sufficient to uphold their side of the exchange, a perception which is inflated by self-serving social cognitive biases. In order to test these competing theories, as well to examine the effects of employer violation on perceived obligations, Robinson et al. (1994) surveyed 96 graduating MBA students who had received a job offer prior to organizational entry, and then two years later. Analysis of the resulting dataset supported the latter of the two theoretical perspectives: employee's perceptions of their own obligations decreased over the course of the study whilst their perceptions of organizational obligations increased. Likewise, in line with the instrumental perspective, the perception of organizational failures to deliver promises was related to a decrease in some types of perceived employee obligations.

The first study to specifically link the psychological contract with theory from the organizational socialization literature was conducted by Thomas and Anderson (1998). These authors reported on a largely exploratory examination of psychological contract development in a sample of raw recruits to the British Army. Thomas and Anderson examined changes in seven dimensions of psychological contract perceptions measured at day one and then at week eight, specifically hypothesising that the acquisition of various types of knowledge through socialization helps to "flesh out" the contract, resulting in increases in their expectations. The authors used expectation terminology rather than promises or obligations and the study took place over a relatively short time frame. Like the Robinson et al. (1994) study, the findings revealed that several dimensions of the newcomers' expectations increased after 8 weeks, with a number of these increases predicted by increases in knowledge.

Moreover, the perceived salience of two of the seven contract dimensions increased over time, with these increases reflecting congruence with the views of more experienced colleagues.

The third major longitudinal study examining the development of the psychological contract, and the second to explicitly use organizational socialization terminology, was reported by De Vos et al. (2003). This impressive large scale study investigated the development of the psychological contract during the first year of employment in a large sample of organizational newcomers, broadly aiming to investigate two theory-driven hypotheses. First, based on sensemaking theory, the authors proposed that newcomers would alter their perceptions of the promises of one party based on the contributions of that same party. Second, based on social exchange theory, it was proposed that newcomers would alter their perceptions of the promises made by one party based on the contributions of the other party. Thus, in the former case, an employee might alter their perceptions of their employer's promises regarding the provision of interesting work as a function of the nature of the work which they are actually required to do; in the latter case they may alter these perceptions as a result of the amount of effort they themselves put into the job. Collecting survey data from 333 newcomers at four time points over their first year at work, the findings did indeed show that the perception of promises made is driven both unilaterally and reciprocally, although the effect of perceived employee contributions on perceived employer promises was slightly unclear. Additionally, and in agreement with arguments within the psychological contract and organizational socialization literatures, more change occurred to the psychological contract during the first three months post-entry than after this time.

The fourth and most comprehensive empirical study of the development of the psychological contract during socialization was conducted by De Vos and Freese (2011). This study drew more extensively on organizational socialization theory than those conducted previously, using sensemaking as a conceptual base and viewing fulfilment of the psychological contract as an indicator of workplace adjustment. Using a four wave longitudinal design, the authors investigated information seeking for psychological contract related information across time and its relationship with contract fulfilment. Unlike most studies in both the socialization and psychological contract literatures, data were analysed using latent growth modelling techniques to

delineate intra-individual (rather than aggregated) patterns of information acquisition. Information seeking was assessed across five typical psychological contract domains for information relating to both employee contributions and employer inducements acquired from four organizational sources. The results provide the most enlightening information to date regarding the formation of the psychological contract. Information seeking was higher for organizational inducements than for employee contributions and decreased across the year for all sources bar supervisors. Importantly, there was a positive relationship between information seeking at three months and psychological contract fulfilment, although after this time changes in information seeking were not related to changes in the psychological contract. Thus, the research supports the notion raised in the major theories of psychological contract development (Rousseau, 1995; Shore and Tetrick, 1994) that the psychological contract remains relatively stable after the initial period of organizational encounter, as well as the notion from the organizational socialization literature that information seeking decreases over time (Morrison, 1993b; Morrison, 1993a; Morrison, 1995).

### 3.5.2 Critique of empirical studies of psychological contract development

Although several other high quality longitudinal studies have been conducted examining the psychological contract (Dulac et al., 2008; Orvis, Dudley and Cortina, 2008; Kiewitz, Restubog, Zagenczyk and Hochwarter, 2008; Lester, Kickul and Bergmann, 2007; Robinson and Morrison, 2000), these have examined either the causes or consequences of psychological contract breach or fulfilment rather than how the psychological contract develops during early organizational experience. The four studies described above, therefore, remain the only detailed empirical examinations of the formation of the psychological contract during organizational socialization. Although high quality studies, there remains two broad areas of the literature which require some clarification.

The first broad issue with the existing longitudinal studies is that the extent to which they draw from the major theories of psychological contract development or organizational socialization has sometimes been limited. This is not a problem in itself, since a distinct theoretical model is offered by each study. However, partly as a result of this, the early studies were largely restricted to the demonstration that the contents of psychological contracts do indeed change during the early phase of

organizational socialization, with less attention to the factors which cause the change. The major models of psychological contract development (Rousseau, 1995; Shore and Tetrick, 1994) allude to the roles of organizational actors and messages, whilst major lines of research from the socialization literature (see for example Ashforth, Sluss and Saks, 2007) highlight the importance of both active and passive acquisition of information in the facilitation of learning. Only De Vos and Freese (2011) examine information acquisition in any great detail, although passive information acquisition is not covered. Likewise, whilst De Vos and Freese (2011) examine the effect of information seeking for psychological contract related information, the effects of the acquisition of other types of important information (i.e. relating to the role, team and organization) which routinely occurs at organizational entry (Morrison, 1993b), is less clear. Similarly, Thomas and Anderson demonstrate that learning is related to changes in psychological contract beliefs. However, the participants in their study were asked about expectations rather than promises or obligations, and it is therefore questionable whether the variable of interest is actually a measure of the psychological contract. The remaining studies do not include measures of information acquisition. The extent to which the psychological contract is related to the type of information seeking which routinely occur during socialization, as described by Morrison (1993a; 1993b; 1995) and others within the socialization literature, therefore remains unclear.

A second broad issue emanating from the four major studies of psychological contract development relates to the outcomes used in each study. Specifically, all four existing studies have effectively treated either the perceptions which make up the psychological contract or their fulfilment as the primary outcome measure. Robinson et al. (1994) found that that perceived employee obligations decreased over time, perceived employer obligations increased over time and perceptions of breach at time two were related to a decrease in employee obligations. De Vos et al. (2003) found that changes in perceived obligations are driven by perceptions of contributions, whilst Thomas and Anderson (1998) found that such changes are driven by internalised knowledge. De Vos and Freese (2011) treat psychological contract fulfilment as an indicator of adjustment, and show that information seeking is of influence in this construct. Whilst these studies have provided extremely useful information about how the psychological contract develops, the question of how this

development drives attitudes or behaviour is less clear. As discussed earlier in this chapter, organizational socialization should affect two key elements of the psychological contract. First, information acquisition “should flesh” out the contents of the contract during anticipation. Second, effective socialization should reduce incongruence and divergent schemata and, therefore, perceptions of breach and violation. Both processes are theoretically related to better employee outcomes. Hence, the theory suggests that the psychological contract may act as an intervening variable between aspects of socialization and employee outcomes, rather than an indicator of integration in itself. A longitudinal research design which views the psychological contract in this way would shed more light on this issue.

### **3.6 Summary and conclusions: the psychological contract**

The purpose of this chapter has been to review the literature regarding the psychological contract, with a particular emphasis on its application to the process of organizational socialization. Although several theories examine the development of the psychological contract, they were not specifically conceived as applications of the psychological contract to socialization, and therefore tend to focus on the earlier stages of organizational tenure. Likewise, whilst several high quality studies have examined the development of the psychological contract during socialization, they tend to view it as an outcome of socialization rather than as an explanatory mechanism. The literature indicates, however, that the psychological contract may be usefully viewed as an intervening mechanism between early socialization and later employee outcomes. Crucially, this process appears to be driven by the theories of sensemaking and social exchange, both of which are also applicable to organizational socialization. Specifically, information acquisition and learning during organizational socialization should, at least theoretically, drive the contents of the psychological contract and perceptions of breach and violation through a process of sensemaking. In turn, psychological contract perceptions are theoretically related to employee outcomes through social exchange. Various studies have shown that perceptions of breach are related to a wide variety of employee outcomes, and whilst the literature examining the role of perceived promises in employee outcomes is less clear, most study designs have not measured change over time in the psychological contract. In sum, in order to investigate the role of the psychological contract in organizational socialization more fully, a conceptual model is required which complements the



existing theoretical and empirical literature by uniting its various conceptual approaches. With this in mind, the following chapter describes the model to be used in this research.

## **Chapter 4**

### **Conceptual Model and Study Hypotheses**

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Chapter one set out the broad rationale for the area of study and described the intended contribution of the research, both in theoretical and practical terms. Chapters two and three then reviewed the current research literature concerning the two theoretical areas which are of primary relevance to the thesis: organizational socialization and the psychological contract. In particular, a number of underexplored areas of the current research literature which this thesis aims to examine were described. The purpose of the present chapter is to set out the theoretical framework under which the research in this thesis will be examined. The chapter is divided into eight sections. The first draws together a number of the gaps in the current literature, described in chapters two and three, to outline a set of necessary inclusions in the model to assess organizational socialization in healthcare staff used in this thesis. The second section briefly describes the two conceptual models which underpin the research and the two theories upon which they are based. The following five sections then present a number of empirically testable hypotheses through which the utility of the models is assessed and describe, in depth, the theory upon which the hypotheses are based. A final section then provides a brief summary of the chapter.

#### **4.1 Elements required for an effective conceptual model of organizational socialization**

As described in chapter one, the overarching aim of the research is to examine the effects of organizational socialization on well-being and service quality among healthcare staff. In order to meet this aim, a theory-based conceptual model was developed and tested. The purpose of the current section is to describe how this model was initially conceived, how the model addresses a number of the lesser explored areas of the literature and why it provides additional utility in examining organizational socialization over the models described in chapter three. Based on the literature reviewed in chapters two and three, a number of necessary inclusions in the model used in this research were identified. Six such elements are presented below,

each of which is accompanied by a statement describing how it will be addressed by the conceptual model proposed in this research.

**1. Theoretical basis.** *The model should be based on sound theory which is able to explain the major elements of organizational socialization, including passive information acquisition, active information acquisition and the main stages of socialization.*

As described in chapter two, theoretical accounts of organizational socialization have largely failed to tie together the three major conceptual approaches to organizational socialization: active information acquisition, passive information acquisition and stages of socialization. Moreover, the area as a whole has been criticized for lacking a strong theoretical basis (Saks and Ashforth, 1997). In order to address these issues, the proposed model adopts a theoretical basis which views the psychological contract as an intervening variable through which socializing influences contribute to employee outcomes. This approach is distinct from some previous studies in this area (e.g. De Vos and Freese, 2011) which have effectively viewed the psychological contract as an indicator of successful adjustment. Additionally, the linkages within the model are based upon two robust theories from social and organizational psychology: social exchange theory and sensemaking. As described in chapters two and three, these theories have previously been applied to both organizational socialization and the psychological contract.

**2. Model scope.** *The model should focus on the entire process of organizational socialization, to include experiences which occur before, during and after the encounter stage.*

As described in chapter three, some previous theories which have examined the development of the psychological contract during organizational socialization have focussed only on the earliest phase of the process (e.g. Rousseau, 1995; Shore and Tetrick, 1994), providing an incomplete picture of organizational integration. Likewise, several studies of organizational socialization have failed to include interaction with the organization which occurs prior to day one as an important predictor of integration (e.g. Jones, 1986), whilst empirical studies have tended to concentrate on the encounter stage. However, theory indicates that experience gained prior to entry can be influential in both socialization (e.g. Schein, 1978) and the

psychological contract (e.g. Rousseau, 1995; 2001). Hence, many of the existing accounts of socialization and the psychological contract have omitted an important part of the process. The model proposed here aims to address this issue by examining the three stages of anticipation, encounter and adjustment.

**3. *Methods of information acquisition.*** *The model should include roles for both the active and passive acquisition of several types of information.*

Extensive and high quality research from the socialization literature has identified several types of information which are necessary for successful integration, as well various sources from which this information can be acquired (e.g. Morrison, 1993b; Chao et al., 1994). Likewise, previous accounts of psychological contract development, particularly those of Rousseau (1995; 2001), have pointed to the importance of information acquisition. The model presented here proposes that the relationship between information acquisition and integration during organizational socialization occurs through the intervening role of the psychological contract. Hence, the most important types and sources of information are necessary inclusions in the model. By contrast, some previous studies examining the antecedents and consequences of organizational socialization (e.g. Kammeyer-Mueller and Wanberg, 2003) have not included all of these important components, therefore providing a potentially incomplete picture of the process. Based on the existing literature, the proposed model examines the acquisition of three types of information which are considered to be necessary for successful integration. These relate to the job, the team and the organization. Additionally, the two important methods through which this information may be acquired are examined: inquiry and passive acquisition.

**4. *Negative outcomes of organizational socialization.*** *The model should examine not only the positive aspects of integration, but also the potential outcomes of inadequate socialization.*

As described in chapter two, much of the existing research around organizational socialization has viewed the process as a journey towards successful integration. As a result, the potential outcomes of a poor socialization experience have often been ignored in favour of positive outcomes such as commitment. To address this issue, the current model includes several outcomes which may act as indicators of inadequate socialization, including turnover intention, stress and satisfaction.

Additionally, the model examines not only perceived fulfilment of the psychological contract, but also perceived violation.

***5. Service quality as an outcome of organizational socialization.*** *The model should examine a variety of potential outcomes of socialization, including aspects of service quality.*

As described in chapter two, it is somewhat surprising to note that performance has remained an underexplored outcome in organizational socialization research. Here, one aspect of performance is of interest, namely service quality. In order to investigate the role of organizational socialization in the development of service quality, the proposed model includes two variables of interest: global performance and service quality focus. Additionally, a set of moderating variables are considered, each of which is expected to influence the strength of the effects of the psychological contract on service quality.

***6. The role of “turning points”.*** *The model should include a role for “turning points” which precipitate a sharp change in employee attitudes or behaviour.*

As discussed in chapter two, models of socialization have often viewed the process as a fluid and linear journey towards successful integration. However, scholars in both the socialization field (e.g. Ashforth, Sluss and Harrison, 2007) as well as other areas of social and organizational psychology (e.g. Lee and Mitchell, 1994) believe that certain unexpected events can push individuals towards a sharp change in attitudes or behaviour. In the proposed model, psychological contract evaluations, in terms of fulfilment or violation, are viewed as potential constructs of this type. Whilst these constructs are examined in the quantitative analysis presented in the thesis, the research presented here also features a qualitative study with a specific aim of assessing the circumstances under which these events act as turning points.

## **4.2 The conceptual models of organizational socialization in healthcare staff**

Having described six necessary inclusions for the conceptual model, this section introduces the model and the theory which underpins it. The model aims to answer the following three broad research questions:

- 1. What is the effect of information acquisition and knowledge internalization during organizational socialization on the attitudes, well-being and service quality of healthcare staff?*
- 2. What is the role of perceived organizational promises in this process?*
- 3. What is the role of psychological contract fulfilment and violation in this process?*

The conceptual model is split into two sub-models, referred to from herein as Model One and Model Two. Model One describes the process of psychological contract formation during the earlier stages of organizational socialization, whilst Model Two describes the process of psychological contract evaluation during the later stages of socialization. Both processes are hypothesised to affect employee outcomes during organizational socialization. Models One and Two are shown in diagrammatic format in figures 4.1 and 4.2. Following this, a brief description of the basic premise of each of the models is provided and the theoretical basis for each model is described.

Figure 4.1: Model One - the relationship between information acquisition, perceived employer promises and employee outcomes during anticipation and encounter

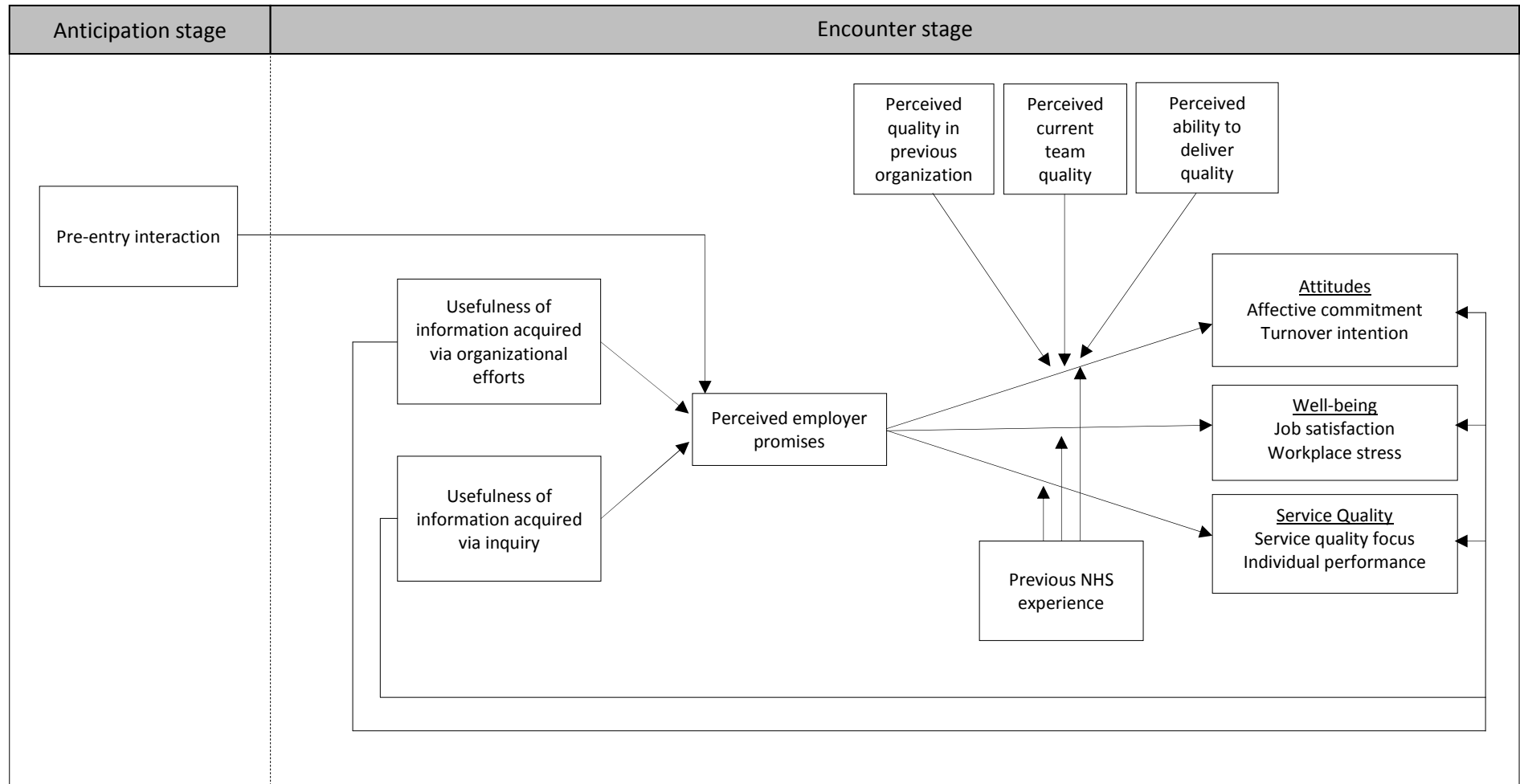
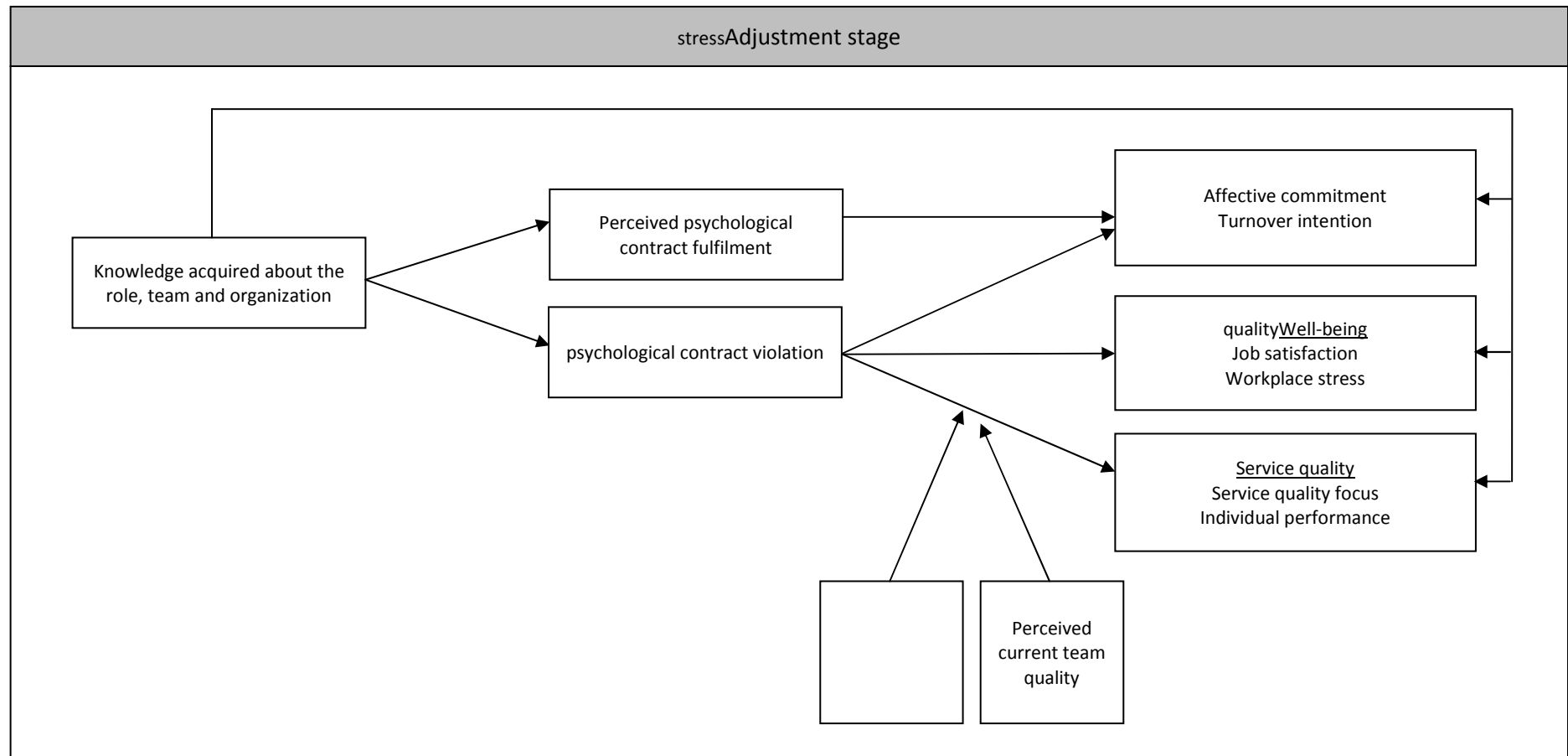


Figure 4.2: Model Two - the relationship between acquired knowledge, psychological contract evaluations and employee outcomes during adjustment





#### 4.2.1 Conceptual basis of the models

The first important point to note about the models used in the research is that they address the two major routes through which organizational socialization and the psychological contract have been theoretically linked in the literature. The first of these relates to the development of perceived promises, which is hypothesised to be driven by information acquisition during the encounter stage of organizational socialization, as described by Rousseau (1995), Shore and Tetrick (1994), Thomas and Anderson (1998) and others. The second relates to the occurrence of fulfilment or violation, which is hypothesised to be driven by the degree to which individuals learn about the organization during socialization and, therefore, the degree of divergence between the schemata of the employee and the employer (Morrison and Robinson, 1997).

The purpose of the models is not to suggest that the psychological contract is the only mechanism through which organizational socialization leads to better staff outcomes, or that organizational socialization is the only influence on the psychological contract. As described in chapter two, there are other possible theoretical constructs that may be used to study socialization, and as described in chapter three, there is a wide array of potential influences on the psychological contract, including for example, human resources practices and support at work. The purpose of the research is to focus only on the effects of socialization on employee outcomes through the two pathways discussed above, and these other potential influences are therefore not included in the models. It is important to note, therefore, that the degree of variance explained and the effect sizes found in the analysis of the models are expected to be rather small.

An important issue regarding the two models relates to the rationale behind the choice of stages used. The view taken here is that the socialization process can be usefully divided into three discrete stages. This view is in line with a number of stage theorists (e.g. Van Maanen, 1976; Schein, 1978; Bauer et al., 1998; Feldman, 1976; Graen, 1976). From this point forward, these three stages will be referred to as anticipation, encounter and adjustment. As described in chapter two, the anticipation stage occurs prior to organizational entry and involves all learning that takes place prior to day one. The encounter stage begins at day one and involves the reconciliation of initial expectations with the reality of organizational life (Louis,

1980; Wanous, 1992; Hughes, 1959). Whilst there is no set duration for this stage, researchers have tended to focus on the first three months of employment when examining encounter (See Bauer et al., 2007). The adjustment stage occurs when newcomers start to become fully integrated into the organization (Fisher, 1986), taking on the values of the new organization and giving up those of their previous employers (Louis, 1980). Whilst two further stages of socialization have been included in some models, these are not used here. The fourth stage which is included in some models is often referred to as “stabilization” (Ashforth, Sluss and Harrison, 2007). However, this stage represents the point at which integration is complete and is therefore not of interest here. Likewise, some authors (Jablin, 1987; 2001) have included a fifth stage, known as exit, in their models. Again, this stage is omitted here, because exit is viewed as a potential outcome of socialization rather than a stage.

There are two important distinctions between Model One and Model Two. The first is that the models refer to different stages of socialization. Model One focuses on the anticipation and encounter stages, whilst Model Two focuses on the adjustment stage. However, the models consist of the same four core elements. Specifically, each model contains a set of socializing influences, which are hypothesised to influence the psychological contract. In turn, the psychological contract is expected to influence a set of outcomes. Each model also contains a set of variables which are hypothesised to moderate the relationship between the psychological contract and employee outcomes. Hence, each model is effectively a mediation model, whereby the relationship between the socializing influences and employee outcomes is mediated by the psychological contract.

The second important distinction between the models is that the socializing influences and psychological contract variables of relevance are dependent upon the stage of socialization. In Model One, which covers the earlier stages of socialization, employee outcomes are hypothesised to be driven by perceived employer promises. Here, contact with the organization during anticipation is hypothesised to lead to the development of an initial set of expectations which form the basis of a rudimentary psychological contract. These expectations are further refined by information acquisition during encounter, where the psychological contract becomes “fleshed out” and a cognitive schema is formed, comprising of a set of perceived reciprocal

promises (Rousseau, 2001). The formation of this schema reduces newcomers' feelings of uncertainty and provides a blueprint for ongoing behaviour. Consequently, employee performance and well-being improves. Hence, information acquisition and perceived employer promises are the primary predictors of staff outcomes during anticipation and encounter.

In Model Two, which concerns the adjustment stage, the critical intervening psychological variable relates to employee perceptions of the extent to which fulfilment or violation has occurred. At the point when sufficient information has been obtained to reduce newcomer uncertainty and a cognitive schema has been created, the encounter stage ceases (Schein, 1978). Newcomers then enter the adjustment phase of socialization, where they experience fewer uncertainties in their environment and acquire less information (Morrison 1993a). At this time, the psychological contract becomes more "rigid" (Shore and Tetrick, 1994; Rousseau, 2001) because the terms of the deal are no longer being negotiated with such frequency (Orvis et al., 2008). Consequently, the development of perceived employer promises is not expected to be influential in employee outcomes beyond the encounter stage. Instead, employees' evaluations of the extent to which the deal is fulfilled are hypothesised to become the primary mechanism through which the psychological contract drives staff outcomes. In the model, these evaluations are hypothesised to be driven by the extent to which employees are successfully socialized when they enter the adjustment stage. The success of socialization is measured here by assessing the degree of knowledge that employees have internalized at this time. Where more relevant knowledge has been internalized, the level of divergence between the schemata of the employee and the employer is expected to be reduced and, as a consequence, perceptions of fulfilment are expected to be more likely (Morrison and Robinson, 1997).

#### 4.2.2 Variables in the models

It is important here to provide a discussion of two of the variables used in the models, since they are conceptualized somewhat differently to some previous studies. First, whilst several previous accounts of organizational socialization have examined the volume or frequency of information acquisition (Morrison, 1993a; Chan and Schmitt, 2000; Ashforth, Sluss and Saks, 2007), the measure here assesses the usefulness of acquired information for learning about the role, team and

organization (as per Morrison, 1995 and Kammeyer-Mueller and Wanberg, 2003). When communicating with insiders during socialization, employees may already know much of what they are told from experience. Likewise, whilst newcomers may receive a large volume of information from various sources, some of this information is likely to be duplicated. In both scenarios, an increase in the reported frequency or volume of information acquisition would not be expected to aid learning or influence newcomers' psychological contracts. By contrast, a measure of the usefulness of acquired information should provide a purer indicator of the extent to which the information is helpful in clarifying perceptions of the new environment.

Second, the measure of the content of the psychological contract used here is also slightly different to that which has been used in some other studies. Some previous studies have measured the extent to which the contents reflect either a transactional or relational contract (e.g. Robinson and Rousseau, 1994). However, as described in chapter three, the validity of this distinction has not been fully established (Conway and Briner, 2005) and it is therefore not used here. As an alternative, others have presented lists of individual promises and asked individuals the extent to which each has been made, with the resulting composite reflecting the "strength" of the deal (e.g. Porter, Pearce, Tripoli and Lewis, 1998). Here, however, the "breadth" of the deal is measured, as per Guest, Isaksson and De Witte (2010). This is achieved by computing a score for each individual to reflect the number of promises they believe they have been made. This measure is used because the hypotheses are based on the premise that during socialization, the psychological contract is fleshed out with new promises, consistent with the theoretical accounts of Rousseau (1995) and Shore and Tetrick (1994). A measure of psychological contract "strength" would not capture the addition of new promises into the psychological contract.

#### 4.2.3 The role of sensemaking

The process of sensemaking during socialization, as described by Louis (1980), is hypothesised to underpin both conceptual models. As described in chapter two, Louis's (1980) sensemaking differs from the accounts of Weick (1995) and Dervin (1998) in that it is more individual in focus and is specific to the process of organizational socialization. Louis's theory focuses on "surprises", which occur when newcomers are confronted with discrepancies between their expectations and experienced reality and cause a state of tension. In order to reduce this tension,

newcomers make sense of their experiences by seeking new information to attach meaning to their experiences, and altering their expectations both prospectively and retrospectively.

Sensemaking is hypothesised to be the mechanism through which socializing influences affect newcomers' psychological contract perceptions. Model One refers to the development of perceived employer promises during anticipation and encounter. The crucial element of Louis's approach here is that the process of organizational socialization is analogous to the development of a cognitive schema which guides the way in which future events are perceived (Louis, 1980; De Vos et al., 2003). This schema develops as individuals experience uncertainty, obtain information and attach meaning to experience. The psychological contract is itself a schema which guides ongoing workplace attitudes and behaviours, and makes the employment relationship more predictable (Rousseau, 2001). Hence, Louis's sensemaking is expected to be the key process through which information acquisition during organizational anticipation and encounter drives the development of perceived promises (De Vos and Freese, 2011).

Turning to Model Two, which describes organizational socialization during the adjustment stage, sensemaking is hypothesised to be influential in the degree to which newcomers perceive that their psychological contract has been fulfilled or violated. This is because the sensemaking process which occurs around organizational entry should result in the internalization of knowledge, indicating effective socialization. Where effective socialization occurs, there is less divergence between the schemata of the individual and the contract maker, and less incongruence in the deal (Morrison and Robinson, 1997). Where incongruence is reduced, perceptions of breach and violation are also reduced, because there are less misunderstandings about the terms of the deal. Indeed, as Robinson and Morrison (2000) have shown, increased communication during the early stages of socialization is associated with decreased perceptions of violation at a later time.

#### 4.2.4 The role of social exchange theory

The second theoretical concept underpinning the proposed models of organizational socialization is social exchange theory. Whilst sensemaking relates to the link between socializing influences and the psychological contract, social exchange

theory is hypothesised to underpin the link between the psychological contract and employee outcomes. The key to the role of social exchange theory is Gouldner's (1960) norm of reciprocity. The norm of reciprocity broadly states that employees seek to maintain balance in their relationship with their organization by returning the organization's contributions with contributions of their own. This process is hypothesised to be of influence in both models, because both perceived employer promises as well as perceptions of fulfilment or violation can affect employee responses.

In the earlier stage of organizational anticipation and encounter, when perceived employer promises develop, newcomers seek to match them. When the organization is perceived to have made a promise, individuals respond in kind by making their own promises. This process of contract formation is expected to result in better performance and commitment, because newcomers begin to do more for their organization through the promises they make, and are better able to monitor their own performance. When organizational encounter ends and employees move into the adjustment stage of socialization, the psychological contract becomes more stable (Rousseau, 2001). However, social exchange remains the mechanism through which the fulfilment or violation of the psychological contract affects staff outcomes. Where fulfilment occurs, staff maintain their own side of the deal, and attitudes, well-being and service quality are expected to remain at stable levels. Where promises are not fulfilled, on the other hand, staff are expected to reduce their own contributions, resulting in poorer outcomes. Violation is expected to be particularly damaging for staff outcomes, because it involves a reassessment of the deal.

#### 4.2.5 Summary of this section

Two sub-models were presented in this section to describe the link between socializing influences, the psychological contract and employee outcomes during organizational socialization. The first of these deals with the earlier stages of socialization, whilst the second deals with the later stages. A central premise of the models is that socializing influences affect employee outcomes through the intervening mechanism of the psychological contract, a link based on two theories. The first of these is Louis's (1980) conceptualization of sensemaking, which is hypothesised to drive the link between socializing influences and the psychological

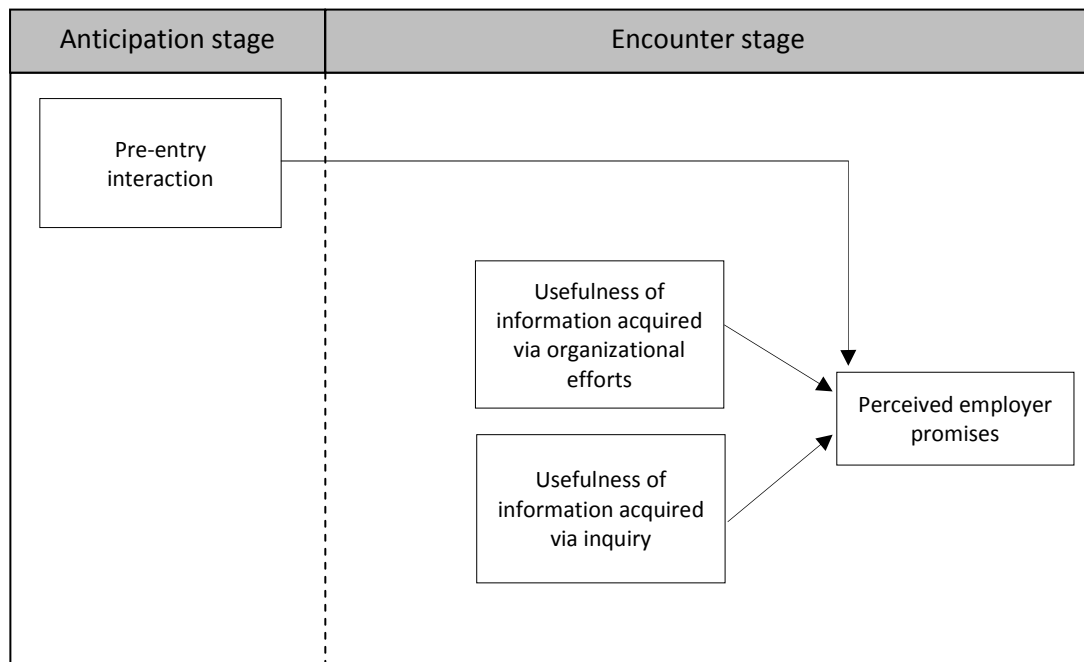
contract. The second theoretical construct is social exchange theory, which is hypothesised to drive the link between the psychological contract and outcomes in both models. Having now introduced the models and the theory which underpins them, the following sections discuss the specific pathways within each model.

### **4.3 The development of perceived employer promises through information acquisition**

The hypotheses described in this section relate to the first part of Model One, concerning the way newcomers form perceptions of organizational promises during the early phases of organizational socialization. It is hypothesised that there are three types of information acquisition which influence the formation of these perceptions during the anticipation and encounter phases. The first of these is the degree of interaction which occurs during the anticipation phase of organizational socialization. The remaining two occur during the encounter stage, and concern passive information acquisition through organizational efforts, and active information acquisition through inquiry.

The link between information acquisition and the content of the psychological contract has not been fully established by previous studies. Thomas and Anderson's (1998) longitudinal study demonstrated that the internalization of certain types of socialization knowledge during encounter leads to an increase over time in new recruits' expectations of the army. Likewise, De Vos and Freese (2011) showed that information seeking which pertains specifically to the psychological contract leads to the development of perceptions of psychological contract fulfilment. The aim of the current set of hypotheses is to examine whether the information acquisition which routinely occurs at organizational entry predicts the contents of the psychological contract. This is distinct from Thomas and Anderson (1998), who measure the effect of knowledge on expectations, rather than the effect of information acquisition on the psychological contract. Likewise, it is distinct from De Vos and Freese (2011), who measure the effects of active information acquisition of psychological contract-related information on fulfilment. The specific pathways are summarized in figure 4.3, and then described in detail below.

Figure 4.3: The impact of information acquisition on perceived employer promises during anticipation and encounter



#### 4.3.1 Theoretical pathways

The first type of interaction with the organization which is expected to have an impact on perceived employer promises is communication which occurs during the anticipation stage. As socialization scholars have shown, there is likely to be some variance in individual levels of communication with organizational insiders prior to the first day at work (e.g. Robinson and Morrison, 2000). Some newcomers will have extensive contact with organizational insiders during anticipation, which might include meeting potential colleagues during the interview process, visiting new departments or being given the opportunity to ask existing employees and the selection panel about particular aspects of organizational life. Conversely, others may undergo only brief interviews with limited time for questions, and may have little or no further contact with organizational insiders until they arrive at the organization on day one. According to Louis (1980), this early communication is important because it helps to develop an initial set of expectations about the new role, which may later be refined through experience. Both Rousseau (1995; 2001) and Shore and Tetrick (1994) believe that this early communication and the expectations which are produced form a rudimentary psychological contract. Since at



least some of the expectations will become encoded as perceived promises, it is expected that increased levels of pre-entry interaction with organizational insiders will be related to a greater number of perceived employer promises during the earliest phase of organizational encounter:

***Hypothesis 1:*** *Greater pre-entry interaction during anticipation is positively associated with a greater number of perceived employer promises during encounter.*

The second type of interaction with organizational insiders that is expected to influence perceptions of employer promises occurs during the encounter phase. Newcomers enter the organization with a set of pre-existing expectations which effectively form the bare bones of their psychological contract (Shore and Tetrick, 1994; Rousseau, 1995; 2001). During encounter, all newcomers experience some degree of incongruence between these expectations and the reality of organizational life (Wanous, 1980). One aspect of this uncertainty relates to the obligations and promises which organizations make to newcomers (Shore and Tetrick, 1994). In order to reduce these uncertainties, newcomers seek out information from insiders (Louis, 1980). Various organizational insiders also provide information which is passively received by newcomers, most often through induction and formal or informal training (Van Maanen and Schein, 1979).

The socialization literature has identified three types of information which are required by newcomers upon organizational entry. These three types of information relate to the role, the team and the organization (Ashforth, Sluss and Harrison, 2007; Fisher, 1986; Haueter et al., 2003). Whilst some information acquired by newcomers during encounter may not be helpful, a proportion of the information received is useful for learning about these core aspects of their new environment. This learning enables newcomers to make sense of their surroundings (Louis, 1980). As useful information is acquired, newcomers develop a cognitive schema which reduces future uncertainty in the workplace (Louis 1980); this schema encapsulates the perceived employer promises and obligations which make up the psychological contract (De Vos and Freese, 2003; Thomas and Anderson, 1998).

Since pre-entry expectations are nearly always unrealistically positive (Louis, 1980; Wanous, 1980), it may be argued that the acquisition of information during encounter could decrease the number of organizational promises perceived by

newcomers. However, the opposing view is taken here: greater acquisition of useful information is expected to increase the number of organizational promises perceived by newcomers. This is because the psychological contract is rudimentary at entry and consists of expectations (Rousseau, 1995; Shore and Tetrick, 1994), which are distinct from promises (Conway and Briner, 2005). When useful information about the new environment is communicated to newcomers, some of these expectations are altered towards reality and encoded as promises (Rousseau, 1995). Where less useful information is provided about the new environment, newcomers remain uncertain. In this case, these same expectations are not encoded as promises, but remain as potentially unrealistic expectations. Previous studies have shown that perceptions of organizational promises tend to increase in strength during the early stages of socialization (Robinson et al., 1994) and that this increase is driven by knowledge about the important aspects of organizational life (Thomas and Anderson, 1998). Here, it is proposed that useful information acquired about the new environment during encounter will increase the number of organizational promises perceived by newcomers. This useful information can be acquired in two ways:

***Hypothesis 2:** More useful information acquired through (a) inquiry and (b) organizational efforts during encounter is positively associated with a greater number of perceived employer promises.*

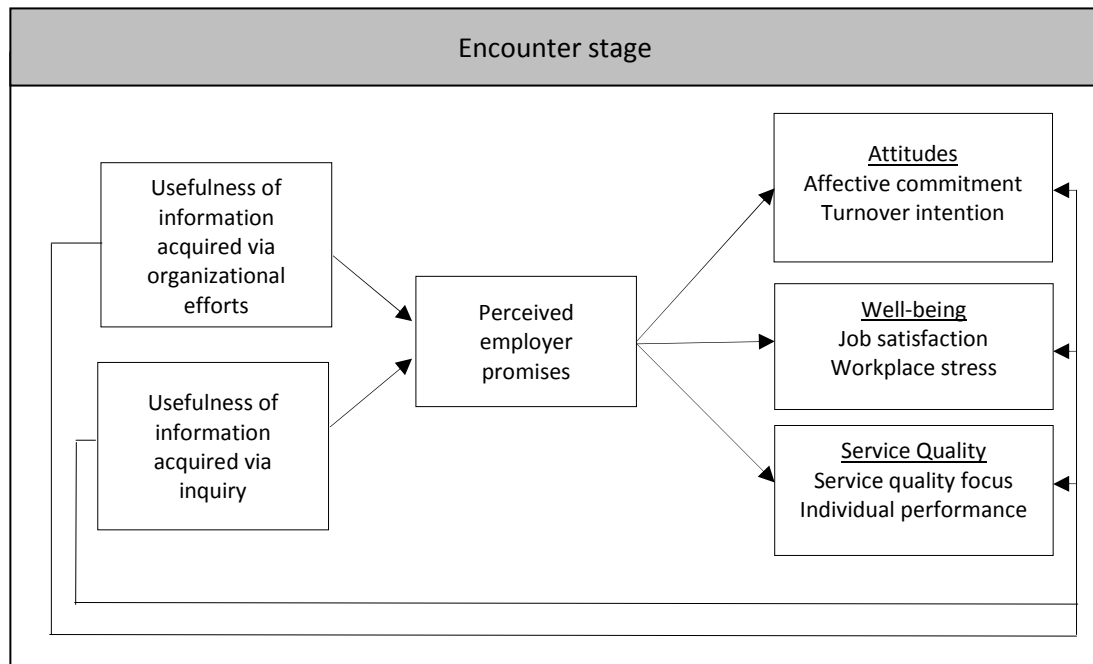
#### **4.4 The consequences of the development of perceived employer promises**

The second set of study hypotheses deals with the consequences of the development of perceived employer promises. More specifically, these hypotheses refer to the positive effect which information acquisition during the early phases of the encounter stage has on employee outcomes via the mediating role of perceived employer promises. The relevant pathways are shown in figure 4.4. Newcomer integration is assessed here through three sets of measures which are of primary relevance to this thesis: attitudes, well-being and service quality. The unique contribution of this set of hypotheses lies in the way in which the psychological contract is viewed as an intervening variable in the link between socializing influences and employee outcomes. By contrast, previous models (Rousseau, 1995, 2001; Shore and Tetrick, 1994) and empirical studies (De Vos and Freese, 2011) in this area have typically viewed the psychological contract as the major outcome of interest.

The first important point to note regarding this set of hypotheses is that during organizational encounter, perceived employer promises (rather than their evaluation) are viewed as important for newcomer integration. Perceived employer promises are expected to be of greater importance during the earlier stages of socialization because this is when the primary process of psychological contract formation occurs (Schein, 1978, Rousseau 2001, Shore and Tetrick, 1994), resulting in a relatively stable cognitive schema which acts as a guide for ongoing workplace attitudes and behaviour during later stages (Rousseau, 2001). Although perceived employer promises can be changed to some extent after organizational encounter (De Vos, et al., 2003), the great majority of change happens here. This is because the schema is more “malleable” and can be altered through the acquisition of knowledge (Shore and Tetrick, 1994). A key principle of the hypotheses described here is that, largely through the mechanism of social exchange, these changes in the psychological contract are influential in employee outcomes.

A second important point of note with regard to the hypotheses is that they do not propose that the psychological contract is the sole mechanism through which information acquisition affects employee outcomes. Organizational socialization research has generally been based upon the assumption that communication reduces uncertainty about the new environment, resulting in better performance and well-being (Bauer et al., 2007). Direct pathways are therefore also hypothesized between information acquisition and each outcome, because the psychological contract is not expected to completely mediate the relationship.

Figure 4.4: The consequences of the development of perceived employer promises through information acquisition



#### 4.4.1 Theoretical pathways

Turning first to the attitudinal variables, it is hypothesised that a greater number of perceived promises acquired during anticipation will result in more positive employee attitudes, a relationship which is expected to occur through the mechanism of social exchange. As staff acquire information and begin to form perceptions of employer promises, they are driven by the norm of reciprocity to make promises of their own, upon which they aspire to deliver (Flood, Turner, Ramamoorthy and Pearson, 2001; Rousseau, 1990). As Blau (1964) notes, the goods involved in social exchange relationships are both material and social in nature. This implies that individuals return the contributions of the other party not only through their behaviour, but also through commitment and other positive attitudes. Likewise, Rousseau (1990) points out that the development of perceived employer promises is accompanied by an increase in trust in the organization, which should also increase commitment (Shore and Barksdale, 1998). Perceived employer promises also provide goal structures, which in turn create the perception that newcomers are “masters of their own destinies”, resulting in more positive workplace attitudes (Shore and Tetrick, 1994). Hence, as additional perceived organizational promises are added to the psychological contract during the very early stages of organizational

socialization, employees are expected to become more committed to their organization and express less desire to leave. It is important to note here that the hypotheses do not distinguish the effects of different types of information on different attitudes, because there is a lack of theory or empirical research in the area. However, it is hoped that the results may shed some additional light on this issue. Based on these arguments, the following hypotheses can be made:

***Hypothesis 3:*** *There is a direct positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and positive employee attitudes during the encounter stage.*

***Hypothesis 4:*** *There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and positive employee attitudes during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.*

The mechanism of social exchange is also expected to drive the relationship between perceived organizational promises and staff well-being. Specifically, as perceived employer promises are added to the psychological contract during encounter, they are returned in kind as individuals make promises of their own. As the psychological contract is formed, newcomers are better able to make sense of their environment, which becomes more predictable (Rousseau 2001). This predictability helps to reduce the stressful uncertainty that is experienced upon entering a new work environment (Louis 1980). By the end of the encounter phase, therefore, those employees who have built up a broader psychological contract would be expected to see a greater increase in well-being:

***Hypothesis 5:*** *There is a direct positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better employee well-being during the encounter stage.*

***Hypothesis 6:*** *There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better employee well-being during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.*

Turning finally to the link between perceptions of organizational promises and service quality, two primary mechanisms are expected to be of influence. The first of

these is social exchange, where employees seek to return organizational promises with commitments of their own. Where more promises are made by the organization, the individual is expected to make more promises in return. As a consequence, employees feel compelled to make more behavioural contributions, reflected in greater levels of performance and service quality focus. The second mechanism is where the development of a set of reciprocal promises acts as a set of goal structures for employees (Conway and Briner, 2005), enabling them to judge their own performance and, if necessary, alter it (Rousseau, 2001). Those who hold broader psychological contracts are expected to have more detailed goal structures and, as a result, regulate their own service quality behaviour more effectively:

***Hypothesis 7:** There is a direct and positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better service quality during the encounter stage.*

***Hypothesis 8:** There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better service quality during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.*

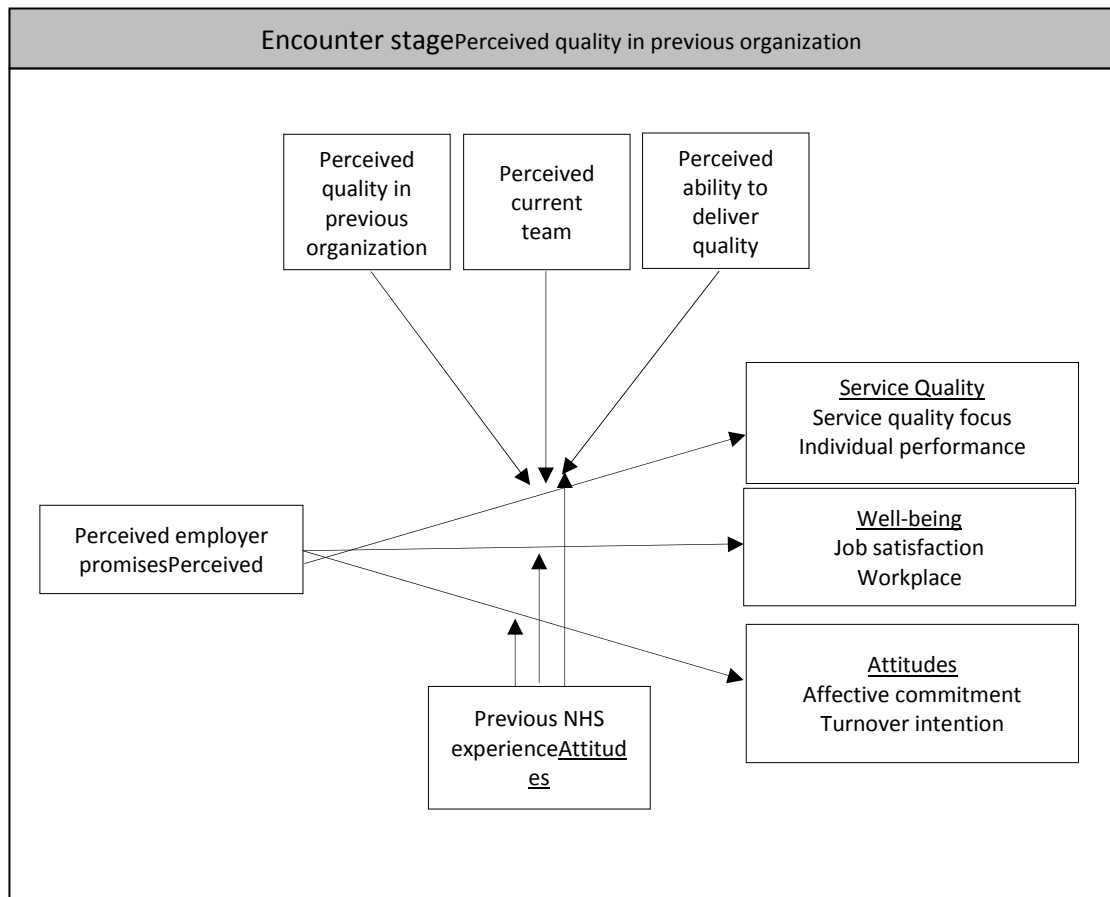
#### **4.5 Moderators of the relationship between perceived employer promises and employee outcomes**

The final set of hypotheses relating to Model One concerns moderators of the link between the perceived employer promises and employee outcomes. Four variables are hypothesised to be of influence in this regard. In line with the focus of this thesis on service quality outcomes, each of these relate to the link between perceived organizational promises and service quality. These are perceived previous organizational quality, perceived current team quality, perceived ability to deliver quality and previous relevant experience. The latter of these is also expected to moderate the link between perceived organization promises and both attitudes and well-being.

The purpose of the moderation hypotheses is to more fully investigate the role of organizational socialization in the development of service quality. More generally, the link between perceived promises and performance has received little attention in the psychological contract literature, and has produced mixed findings (e.g. Coyle-

Shapiro and Kessler, 2000; Hui et al., 2004). None of the potential moderators described here have been examined in this way previously. Figure 4.5 summarizes the hypotheses.

Figure 4.5: Moderators of the link between perceived employer promises and staff outcomes during encounter



#### 4.5.1 Theoretical pathways

The first hypothesised moderator of the link between perceived employer promises and employee outcomes is newcomers' previous relevant experience. Specifically, the positive association between perceived employer promises and each outcome is expected to be weaker for staff joining from a similar NHS organization than for others. This hypothesis is based on differences in the way newcomers with different levels of experience interpret the information that they receive. Organizational entry produces uncertainty, which prompts employees to absorb information (Louis, 1980).

As a result, the psychological contract begins to develop in the form of a cognitive schema, which increases predictability in the workplace (Shore and Tetrick, 1994). Organizational newcomers base their psychological contract beliefs only partly on information which is generated by their new environment (Rousseau, 2001); the remaining information is filled in through existing schemata (Salancik and Pfeffer, 1978). Individuals who have more experience in a similar organization hold more complex schemata than others, which are more difficult to change (Rousseau, 2001). New or discrepant information is simply absorbed into the existing schema rather than creating a new schema of its own, and is processed only at a surface level (Crocker, Fiske and Taylor, 1984). Less experienced staff, on the other hand, hold less developed schemata which are less constrained and more amenable to the influence of new information. When entering a new organization, therefore, inexperienced newcomers are more likely than veteran newcomer to internalize the promises that are made by a new employer. As promises are internalized, staff outcomes are expected to improve through social exchange, the creation of goal structures and the reduction in stressful uncertainty. Hence, it is expected that the positive relationship between perceived organizational promises and staff outcomes will be stronger for less experienced individuals:

***Hypothesis 9:** Previous experience in a similar NHS role moderates the positive relationship between perceived employer promises and (a) attitudes, (b) well-being and (c) service quality, such that the relationships are stronger for less experienced staff.*

The second factor which is expected to influence the relationship between perceived employer promises and employee outcomes is newcomers' perceptions of their ability to deliver high service quality. This variable is expected to be of influence only in the relationship between psychological contract perceptions and service quality outcomes, where it is expected to act as an indicator of available job resources. Put simply, it is not enough that staff feel compelled to perform well in their jobs through the development of perceived employer promises; it is also necessary that resources are available that enable them to do this. Moreover, the presence of necessary job resources can have additional effects on service quality beyond simply enabling employees to do their jobs. The Demand Resource Model (Demerouti, Bakker, Nachreiner and Schaufeli, 2001) states that job resources have



motivational properties of their own which can lead to increases in employee motivation and performance. These increases occur through both an intrinsic pathway, where resources fulfil basic human needs and therefore foster individual growth, and an extrinsic pathway, where resources promote an individual willingness to achieve goals (Bakker and Demerouti, 2007). Hence, where newcomers strongly believe that they have the necessary resources to provide high quality service, it is hypothesised that the positive relationship between perceived employer promises and service quality will be stronger:

***Hypothesis 10:*** *Perceived ability to deliver quality moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where ability to deliver quality is higher.*

The third factor which is expected to influence the relationship between perceived employer promises and employee outcomes is newcomers' perceptions of the level of quality in their immediate work group. This construct is expected to be a moderator only of the service quality outcomes in the model, with the theoretical link lying in Rousseau's (2001) schema approach to the psychological contract. Specifically, the behaviours which newcomers observe around them contribute to their cognitive schemata. Individuals who move into new teams which work in a high quality fashion are more likely to observe and learn high quality work practices. As a result, the schemata formed by these individuals are more likely to emphasise the provision of high levels of quality; as employer promises are made to newcomers, the commitments which they make to their organizations in return are more likely to reflect high quality work practices. Likewise, the goal structures which are provided by the psychological contract to these individuals are likely to emphasise relatively high levels of service quality. Conversely, individuals who move into lower quality teams are expected to develop schemata which place less emphasis on the provision of high quality service. Therefore, it is expected that their own contributions to the organization will be less likely to favour high quality work practices, and the goal structures provided by the psychological contract will not pertain to such high levels of quality. Therefore, it is expected that the relationship between perceptions of organizational promises and service quality will be stronger for those individuals who rate their new teams as being of high quality:

***Hypothesis 11:*** *Perceived team quality moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where perceived team quality is higher.*

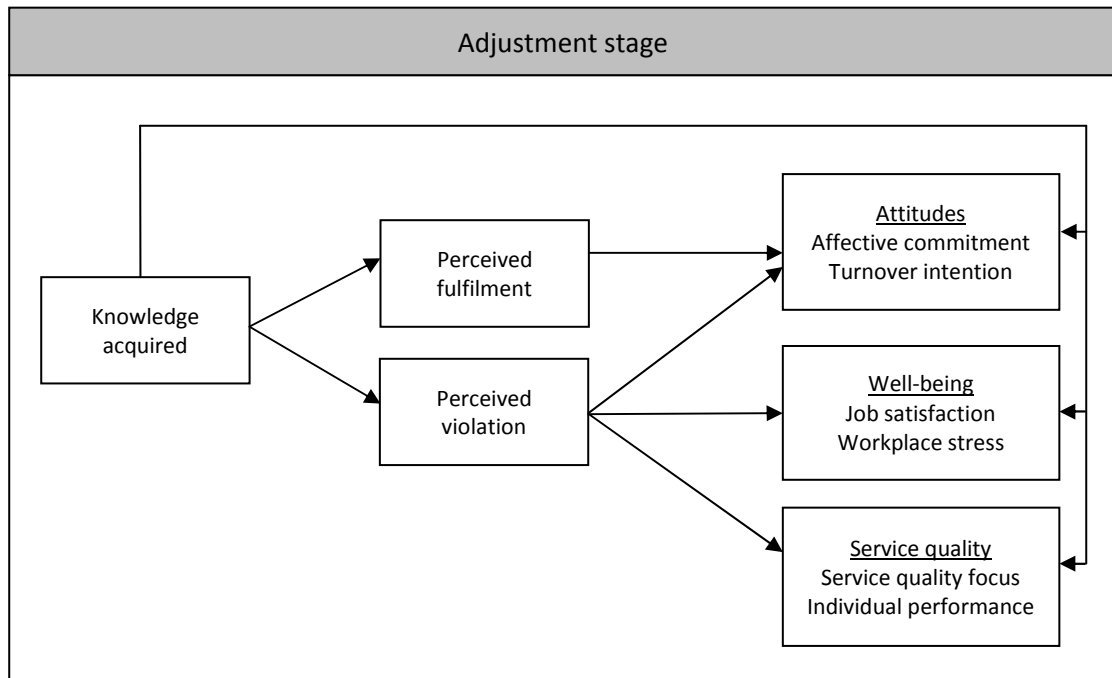
The fourth variable which is expected to influence the link between psychological contract perceptions and employee outcomes is newcomers' perceived level of quality in their previous organizations. This variable is hypothesised to influence only the levels of service quality provided by newcomers. Following Rousseau's (2001) schema approach to psychological contract development, those individuals who have come from organizations which emphasise high quality work practices are expected to hold schemata which focus on high service quality, because employees learn how to behave from those around them. Since newcomers receive incomplete information when they enter a new organization, they use existing schemata to fill in the gaps in their knowledge. Therefore, this group of newcomers are expected to hold psychological contracts in their new organizations that focus on service quality to a relatively great extent. By contrast, newcomers who join from organizations with less focus on high quality service are expected to hold psychological contracts that emphasise the provision of high quality service to relatively lesser extent in their new organizations. As described earlier, broader psychological contracts are expected to lead to greater levels of service quality, because employees make more contributions of their own and possess broader goal structures. The effect of a broad psychological contract on service quality is expected to be reduced for newcomers whose psychological contracts already emphasise high quality work. For those who have come from organizations which focus less on high quality service, however, the formation of a broad psychological contract is expected to increase service quality to a greater degree:

***Hypothesis 12:*** *Perceptions of the level of quality in newcomers' previous organizations moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where perceptions of quality in the previous organization are lower.*

#### **4.6 Perceived fulfilment and violation of the psychological contract**

Having described the three sets of hypotheses from Model One, the purpose of this section is to describe the first of two sets of hypotheses from Model Two. The hypotheses described in this section relate to the process through which the internalization of knowledge during socialization influences employee evaluations of the psychological contract and how, in turn, these evaluations are related to employee outcomes. As with Model One, three sets of outcomes are included in the model to assess newcomer integration: attitudes, well-being and service quality. The unique theoretical contribution of this set of hypotheses again lies in the way the psychological contract is viewed as an intervening variable which explains the link between the success of organizational socialization and employee outcomes during the encounter stage. This view builds on previous work, such as that of De Vos and Freese (2011), where psychological contract fulfilment is viewed as an indicator of successful adjustment. This set of hypotheses does not propose that psychological contract fulfilment and violation are the only mechanisms through which knowledge acquisition affects employee outcomes, since there is a well-established link between knowledge and a variety of employee outcomes (e.g. Haueter et al., 2003) that is generally assumed to occur through the mechanism of uncertainty reduction. As such, direct pathways are specified between knowledge and each outcome variable, as shown in figure 4.6.

Figure 4.6: The effect of knowledge on employee outcomes via the mediating role of psychological contract evaluations



#### 4.6.1 Theoretical pathways

##### The relationship between knowledge and psychological contract evaluations

Although information acquisition is expected to slow after the encounter stage, the knowledge which has been internalized through communication is of importance to the process of organizational integration during the later stage of adjustment. This is because the acquisition of knowledge is crucial in the development of staff perceptions of psychological contract fulfilment and violation, which in turn influence employee outcomes. In particular, knowledge can reduce incongruence in the deal, which in turn prevents misunderstandings and reduces perceptions of breach and violation (Morrison and Robinson, 1997). There are two pathways through which knowledge can reduce incongruence. First, greater knowledge increases the likelihood that employees will make accurate sense of their environment (see Miller and Jablin, 1991; Reichers, 1987) and indicates more effective socialization (Haueter et al., 2003). As described by Morrison and Robinson (1997), effective socialization is expected to lead to less incongruence between the employee and their organization. Specifically, Morrison and Robinson state that: “in contexts where employees experience fairly intense socialization, we expect that there will be less

divergence in their schemata about employment relationships and thus less potential for incongruence with respect to any given promise” (p. 236). Second, Morrison and Robinson also note that communication can reduce incongruence, because it reduces the likelihood that promises are “overlooked, forgotten, or distorted” (p. 237). This is particularly important given that promises are often made and fulfilled by different agents, and there is a time lag between these two events. Hence, Morrison and Robinson state that any factor that “facilitates ongoing communication” (p. 237) is expected to reduce incongruence. Knowledge gained about the new environment is hypothesised to be such a factor. It is therefore hypothesised that the degree of knowledge gained by newcomers will reduce perceptions of violation and increase perceptions of fulfilment.

Fulfilment and violation are not used as interchangeable constructs within the model as they have sometimes been elsewhere in the literature. Rather, following Morrison and Robinson (1997), fulfilment is viewed as the simple appraisal of the delivery of promises. Breach, where promises are deemed to have remained unfulfilled, forms the opposite end of the spectrum. Violation is viewed as the emotional reaction which may result from appraisals of breach. No hypotheses are made regarding the conditions under which perceptions of breach may lead to perceptions of violation, although this issue is examined in exploratory fashion in the qualitative phase of the research. The hypotheses which follow are based on the assumption that perceptions of violation, breach and fulfilment will all be influenced by the degree of knowledge acquired during socialization. It is further hypothesised that that these constructs will have differential effects on employee outcomes. The theory behind these differential effects is described below.

#### The relationship between psychological contract violation and employee outcomes

As Conway and Briner (2005; 2009) note in their extensive reviews of this area, several mechanisms are expected to be of relevance in the relationship between violation and outcomes. Before describing these mechanisms, it is necessary to return briefly to the distinction between perceived violation and fulfilment. Fulfilment refers to the cognitive analysis of what has been delivered against what was promised. Violation, on the other hand, refers to “affective and emotional experience of disappointment, frustration, anger, and resentment that may emanate from an employee's interpretation of a contract breach” (Morrison and Robinson, 1997, p.

242). In this way, violation may act as a “turning point” which leads to a sharp change in attitudes and behaviour. As Morrison and Robinson note, the emotional reaction inherent in perceptions of violation emanates from a deep level sensemaking process. As a result of this process, it is expected that two psychological mechanisms are triggered in the event of violation.

The first mechanism which influences the effect of violation on employee outcomes relates to trust in the organization. As Robinson and Rousseau (1994) point out, in cases where the organization is perceived to have failed to deliver a promise and feelings of violation ensue, the extent to which staff trust their organization is reduced. Reduced perceptions of trust and fairness are key factors which distinguish breach from violation (Morrison and Robinson, 1997). The reduction in trust associated with violation has a knock-on effect on the psychological contract, because the extent to which individuals are willing to invest in their relationship with the organization, in both emotional and behavioural terms, is reduced. Hence, where violation occurs, it is expected that levels of service quality will decrease, and attitudes towards the organization will become more negative.

The second mechanism that is expected to influence the link between perceptions of violation and employee outcomes is social exchange. It is hypothesised here that as a result of the deep level sensemaking process which is inherent in the perception of violation, individuals evaluate their relationship with the organization and the terms of the deal. Following violation, and through the norm of reciprocity, individuals are likely to reduce their own contributions to the organization. As Blau (1964) points out, the goods involved in social exchange are both social and material. Therefore, it is expected that perceived violation will have an impact both on employee’s level of service quality, and their attitudes towards the organization. Additionally, the anger and frustration which is felt in the case of a violation is hypothesised to be reflected in impaired levels of satisfaction and increased stress. These arguments are summarized in the following hypotheses:

***Hypothesis 13:*** *There is a direct and positive relationship between knowledge gained during organizational socialization and (a) attitudes, (b) well-being and (c) service quality during the adjustment stage.*

***Hypothesis 14:*** *There is an indirect positive relationship between knowledge gained during organizational socialization and (a) attitudes, (b) well-being and (c) service quality during the adjustment stage. This relationship occurs through the mediating role of minimised perceptions of psychological contract violation.*

The relationship between psychological contract fulfilment and employee outcomes

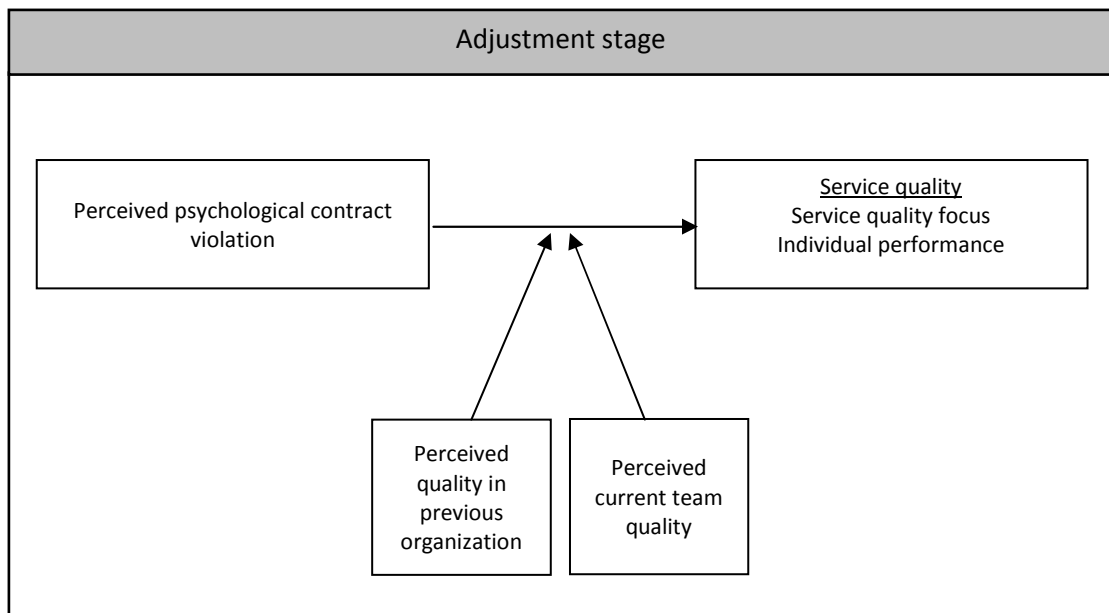
The occurrence of psychological contract fulfilment (or breach) is not expected to have as great an impact on employee outcomes as violation. The process leading up to a perception of fulfilment involves only a simple assessment of the degree to which promises have been delivered. Where breach is detected, a process of deep level sensemaking is triggered, which involves an assessment of the outcomes and attributions associated with the breach, fairness judgments and consideration of the prevailing social contract (Morrison and Robinson, 1997). As described, the reduction in trust and renegotiation of the deal which occurs where this sensemaking process leads to the perception of violation is expected to affect well-being, attitudes and service quality. Where a breach does not elicit violation, however, it is expected that only employee attitudes are affected. Whilst the deal is not expected to be renegotiated in the case of breach, the delivery of organizational promises can affect staff attitudes as a simple consequence of the content of the promises themselves (Conway and Briner, 2005). Hence, when certain promises are not delivered, attitudes are expected to decrease. In the case of a promise relating to a promotion, for example, a failure of delivery deprives the individual of both the expected new role and the increased commitment that the role would engender. Where fulfilment occurs and a promise is delivered, attitudes are expected to increase, for the same reasons. However, fulfilment is not expected to affect outcomes beyond this. This is because during the adjustment phase, the psychological contract becomes more rigid and difficult to change (Shore and Tetrick, 1994; Rousseau, 2001). Perceived fulfilment, therefore, is largely expected by employees and simply represents the maintenance of the current deal. As such, existing levels of well-being and service quality are similarly expected to be maintained. These arguments are summarized in the following hypothesis:

**Hypothesis 15:** *There is an indirect positive relationship between knowledge gained during organizational socialization and employee attitudes during the adjustment stage. This relationship occurs via the mediating role of greater psychological contract fulfilment.*

#### **4.7 Moderators of the relationship between the psychological contract evaluations and employee outcomes**

The fifth and final set of study hypotheses relates to two constructs which are hypothesised to moderate the relationship between perceived violation and employee outcomes of service quality: the perceived level of quality in employees' previous organizations, and the perceived level of quality within their current teams. Service quality (aside from simple task performance) has rarely been examined as an outcome of either the psychological contract or organizational socialization, and neither of the moderators examined here have been studied previously in this way. Figure 4.7 shows the hypothesised pathways.

Figure 4.7: Moderators of the link between perceived violation and service quality during adjustment





#### 4.7.1 Theoretical pathways

The first construct expected to moderate the relationship between psychological contract violation and service quality is employee perceptions of the level of quality within their new teams. The theoretical pathway here is similar to that which was described in the discussion of perceived team quality in the context of perceived employer promises. To briefly recapitulate, it was argued that those who work in high quality teams develop psychological contract perceptions which emphasise the provision of high quality service. Continuing with this logic, it would be expected that ongoing fulfilment of perceived employer promises would prompt these same individuals to uphold their high levels of service quality. In the case of violation, however, these individuals would be expected to reduce their own contributions through social exchange. Since the schemata of these individuals emphasise high standards of service quality, it is hypothesised that this type of contribution will be reduced to a relatively greater degree than others. Where violation occurs to those working in lower quality teams, service quality is expected to reduce to a lesser extent, because these individuals do not hold schemata that emphasise this type of contribution:

***Hypothesis 16:*** *Perceived quality in the current team moderates the negative relationship between perceived violation and service quality, such that the relationship is more negative where perceived team quality is higher.*

The second construct expected to moderate the relationship between psychological contract violation and service quality is employees' perceptions of quality in their previous organizations. Again, it is helpful to return to the hypothesis made concerning this variable in the context of perceived employer promises. There, it was hypothesised that individuals joining from higher quality environments would be less affected by new organizational promises, because their existing schemata, which already emphasise service quality, are used to fill in the blanks in their new employment relationship (Rousseau, 2001). In the case of the current hypothesis, it is expected that individuals joining from higher quality organizations will be particularly affected by violation. The psychological contracts held by these individuals, and in particular their perceptions of their own promises to the organization, are likely to emphasise the delivery of high service quality. When violation is experienced, employees are expected to reduce their contributions

through the norm of reciprocity and dwindling levels of trust, with a large effect on service quality behaviour. When others who do not hold such perceptions experience violation, however, service quality is expected to reduce by less of a margin:

***Hypothesis 17:** Perceived previous quality moderates the negative relationship between perceived violation and service quality, such that the relationship is more negative where previous quality is higher.*

#### **4.8 Summary of this chapter**

This chapter outlined the theoretical framework used to undertake the research in this thesis, which consists of two sub-models. The two sub-models are theoretically based on the two routes through which socialization and the psychological contract are theoretically linked: the development of perceived promises, and the development of perceptions of fulfilment or violation. Model One deals with socialization in the earlier stages of anticipation and encounter. Here, information acquisition is expected to contribute to the development of perceived employer promises, a process which is in turn influential in the development of employee outcomes. Model Two deals with socialization in the later adjustment stage. Here, knowledge which has been internalised is hypothesised to drive perceptions of psychological contract fulfilment and violation and, therefore, employee outcomes. The models are based on the theories of sensemaking and social exchange. Sensemaking is expected to influence the development of perceived employer promises in Model One and psychological contract evaluations in Model Two, whilst social exchange is expected to influence the link between the psychological contract and employee outcomes in each model. A key point regarding Model Two is that fulfilment and violation are expected to have differential effects on outcomes. Perceptions of breach or fulfilment represent the simple cognitive analysis of whether promises have been delivered and are expected to drive only attitudes. Violation, however, involves an emotional reaction triggered by a sensemaking process, and is expected to result in a renegotiation of the deal and more serious consequences for employees. Having now detailed the conceptual models to be used in the research, the following three chapters go on to describe the specific methods used to assess them.

## **Chapter 5**

### **Overview of Methodology**

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The conceptual models described in chapter four were assessed by means of a mixed methods study design comprising a quantitative and a qualitative component. The methodology for each of the two study components is described in depth in chapters six and seven. The purpose of this chapter is to explain the overarching study design and to describe other aspects of the research context and process which were common to both components of the study. The chapter is divided into two sections. The first of these describes the rationale for the overall study design, including the reasoning behind the use of a longitudinal mixed methods study and the choice of study duration. The second section describes the characteristics of the host organization, including general workforce data, methods of organizational recruitment and induction, and the process of recruitment to the study.

#### **5.1 Choice of overall study design**

As discussed in previous chapters, the overall aims of the research are to examine the effects of organizational socialization on the well-being and service quality of healthcare staff, and to explore the role of the psychological contract in this process. In order to achieve these aims, two conceptual models were described in chapter four, along with a series of testable hypotheses. The models are based on psychological contract theory, encompassing sensemaking and social exchange, and all of the constructs in the models are amenable to testing through the use of survey methods. However, a mixed methods approach, comprising a longitudinal survey study and a longitudinal interview study, was chosen for use in the research. Teddlie and Tashakkori (2003) have highlighted several potential advantages of using mixed methods approaches over monomethod approaches, each of which are applicable to the research undertaken here. First, mixed methodological designs are able to answer research questions that other study designs cannot, primarily because they combine the deductive theory testing strengths of quantitative methods with the more inductive exploratory strengths of qualitative methods. Here, therefore, the

quantitative component was used primarily to test the conceptual models, whilst the qualitative component was used to examine the role of turning points in a more exploratory fashion. Second, mixed methods data can provide stronger inferences than monomethod data, because the strengths of one approach can offset the weaknesses of the second. This point has been highlighted elsewhere, where it has been referred to as the issue of “complementarity” or “triangulation” of sources (e.g. Greene and Caracelli, 1989). Here, therefore, the study was designed in such a way that the greater depth of data provided by the qualitative interviews would complement the greater breadth of data emanating from the survey studies. A third advantage of mixed methods designs is that they provide the opportunity to examine a greater diversity of views. This means that findings from one methodology may contradict those from the other, leading to the re-evaluation of the theoretical underpinning of the research and, ultimately, to more accurate theory.

#### 5.1.1 Philosophical perspectives on mixed methods research designs

There has been some debate amongst social and behavioural scientists as to whether it is permissible to combine quantitative and qualitative methods in a single study. The major issue of contention relates to the underlying paradigms which are associated with qualitative and quantitative methodologies. Two broadly defined and opposing paradigms have informed the debate around the use of mixed methods studies. The first, often referred to as the “post positivist” paradigm, represents a rejection of the empiricist positivist paradigm which prevailed in the first half of the twentieth century. Post positivism addressed some of the more widely criticized aspects of positivism, recognizing the value-ladenness of enquiry, the theory-ladenness of facts and the nature of reality (Teddlie and Tashakkori, 2003). As the post-positivist paradigm was criticised by some as being too closely associated with the underlying position of traditional positivism, however, a second and more radical position emerged in the form of a loose group of paradigms which are now most often referred to as “constructivist”. The central tenet of the constructivist approach is that observation cannot exclude the interests and values of individuals and must therefore employ empathetic understanding of the objects of study (see Howe, 1988). Under these two paradigms lie opposing sets of principles of epistemology, ontology, axiology (Lincoln and Guba, 1985) and, critically, methodology: post positivism is

most often associated with quantitative methods, whilst constructivism tends to be associated with qualitative methods.

The ensuing debate, which has been termed the “paradigm wars” (Tashakkori and Teddlie 1998), produced two broad views with regard to the appropriateness of combining qualitative and quantitative methods. Incompatibility theorists (e.g. Smith and Heshusius, 1986) viewed the combination of methodologies as impossible due to their opposing underlying paradigms and philosophical positions. Conversely, compatibility theorists (e.g. Sale, Lohfeld and Brazil, 2002) believe that the two paradigms and methodologies can be usefully combined under certain circumstances. More recently, a further position has emerged, referred to as “the third way”: that of pragmatism. Tashakkori and Teddlie (1998; 2003) are leading proponents of this approach, and have laid out a number of the basic premises of a pragmatic approach to mixed methods research. The most fundamental of these is that pragmatists consider the research question to be more important than the method or its underlying paradigm, therefore supporting the combination of qualitative and quantitative methods in the same study if appropriate. Thus, pragmatists reject the incompatibility thesis, the notion of a forced choice between paradigmatic approaches and, in fact, avoid the use of metaphysical terminology altogether. Pragmatism is a practical and applied research philosophy, and is therefore suitable for use in applied fields of research such as healthcare, applied psychology and human resource management. For this reason, whilst it is acknowledged that the use of mixed methodological approaches presents grounds for philosophical debate, a pragmatic approach is taken to the application of this methodology to the research presented in this thesis.

### 5.1.2 Rationale for longitudinal design

The longitudinal approach to the research reported in this thesis was subject to careful consideration prior to the commencement of data collection. As several authors have pointed out (see, for example, Ployhart and Vandenberg, 2010), the majority of theories in the organizational sciences are longitudinal in nature, either implicitly or explicitly. In testing these theories, however, much of the published research has neglected the element of time in the relationship between the variables of interest, thus reducing the extent to which causal inferences can be made (Mitchell

and James, 2001). Although cross-sectional research designs have provided invaluable information across the organizational sciences, it is particularly important that longitudinal designs are used in cases where theories explicitly specify longitudinal processes (Pitariu and Ployhart, 2010). The theoretical constructs of interest in this thesis are intrinsically longitudinal. As discussed in chapter two, organizational socialization is by nature a process, and is in fact one of the few areas of organizational psychology where a significant proportion of relevant studies are longitudinal by design. Likewise, commentators conducting research on the psychological contract have long called for the concept to be viewed as a process, since a number of the unanswered questions in the area relate to the way in which the deal unfolds over time. A longitudinal approach consisting of multiple data collection points was therefore used in the research.

Whilst there are clear advantages of using longitudinal designs over cross sectional designs, particularly in the context of the current research, it is also important to note that such designs present a number of challenges. In particular, there is potential for methodological issues to arise, particularly in terms of carry-over effects, the appropriateness of follow-up timing, the appropriateness of the methods of analysis, the possibility of attrition and the issue of measurement validity. As Ployhart and Vandenberg (2010) amongst many others have pointed out, it is possible to minimize these issues at the design stage. For example, issues can be eliminated prior to data collection by paying detailed attention to the realistically available sample size, performing power calculations and examining other studies in the area. A further concern with longitudinal designs is that they are rather time consuming. Here, it was decided that a longitudinal design would be possible, largely because the research was being undertaken on a part time basis. However, in some cases it was necessary to take a pragmatic approach to study design so that the researcher was not overloaded with work on a day to day basis.

### 5.1.3 Rationale for research site

The research was conducted in a single organization, a decision taken on the basis of both practical and methodological considerations. In practical terms, the participants in the study were newcomers who had to be recruited into the study and followed up in a number of smaller cohorts. Hence, multi site research may have been beyond the

means of a single researcher. In methodological terms, discussions with the organization prior to the research taking place revealed that approximately 800-1000 eligible newcomers were expected to enter the organization during the study period. Based on sample size, power and attrition calculations, described more fully in chapter seven, it was expected that this participant pool would produce a large enough sample to allow the model to be tested. Likewise, based on existing organizational records, the demographic makeup of the sample was expected to be relatively diverse.

It is important to note here that there are both advantages and disadvantages of single site research. The first and most often cited issue with single site research relates to the reduced generalizability of findings emerging from studies of this type, although it has been noted elsewhere that this is not necessarily problematic so long as the methods are suitably designed to answer the research questions (see Yin, 1993). A second issue with single site research relates to the possibility of researcher effects, particularly in cases where one individual is collecting and analysing data in the context of one organizational culture, and the subsequent effect on the validity of findings. However, these effects can be negated to some extent through an awareness of researcher reflexivity and, as is the case here, the use of multiple methods of data collection for the purposes of triangulation (Miles and Huberman, 1984). There are also a number of advantages to the use of single site research which are of relevance here. The first of these is that the research is less time consuming and therefore more practical. A second is that, certainly in this case, the use of a single site for data collection allowed the researcher to gain a deeper understanding of the issues of the particular organization and to collect richer data. The qualitative component of the research, for example, involved 41 newcomers who were interviewed up to five times each during their first twelve months of work, allowing the researcher to gain the trust of each individual. Finally, and importantly, the use of a single site allowed a deeper examination of some of the unanswered questions from the organizational socialization literature. In particular, one area of socialization research which has been somewhat underexplored relates to socialization at the level of the work unit (Moreland and Levine, 2001). Instead, many existing studies and theories have focussed on the organizational unit of analysis (e.g. the tactics approach of Van Maanen and Schein, 1979), with studies surveying cohorts of individuals as they join

a number of different organizations. The current research allowed for the comparison of data obtained from different subunits within one organization, representing an approach which is complimentary to the existing literature.

#### 5.1.4 Rationale for length of study

The decision was taken that data would be collected from each individual for a period of one year. In practical terms, the entire period of doctoral study was expected to last for 3.5 years at the commencement of the programme. Of this time, it was decided that a reasonable period over which data might be collected was two years in total, allowing time for planning, analysis and writing. As discussed in the previous section, the nature of the research dictated that individuals must be recruited into the study in cohorts. Thus, a total of two years of survey data collection would equate to the recruitment of newcomers into the study for a period of one year, allowing time for the final cohort to be followed up at one year of service. The qualitative component of the research required fewer participants and would, therefore, also fit into this period of data collection.

The second point of relevance when deciding the study time frame related to factors specific to the organization. In particular, a primary outcome of interest both for the theory examined by the research and for the human resources team at the host organization was staff turnover. A period of pilot analysis was therefore undertaken in 2008 to explore the pattern and risk of voluntary turnover over time at the organization. The primary purpose of this analysis was to ascertain any high risk period for individuals exiting the organization, and to use this information to inform the length of time for which newcomers would need to be followed up. The major finding (described more fully in chapter seven) was that the risk of voluntary turnover for organizational newcomers rose steadily during the first year and peaked as it approached twelve months, at which time it declined steadily. Based on this finding, it was concluded that the maximum twelve month follow-up period would be sufficient to cover the risk period for turnover within the organization.

The third point which was considered when deciding the study time frame related to previous theory and research within the organizational socialization literature. The important issue here was whether a one year follow-up period was sufficient time to



capture changes in integration. Whilst there is no specific theory within the socialization literature as to how long each of the stages should last (Ashforth, Sluss and Harrison, 2007), previous theory and research have given some indication. Several studies indicate that integration occurs relatively rapidly; Chen and Klimoski suggest this could be less than three months (2003). Other studies have indicated that attitudes can change substantially within the first three to six months (e.g. Vandenberg and Self 1993) and that some or all aspects of information seeking decrease over the first year of work (De Vos and Freese, 2011; Morrison, 1993a). Twelve months has been used as an acceptable follow-up period to capture aspects of integration beyond the initial encounter stage in several studies (e.g. De Vos and Freese, 2011; Kammeyer-Mueller and Wanberg, 2003; Ashforth and Saks, 1996), with few collecting data beyond this point. Hence, it was decided that a twelve month follow-up period would be sufficient for the purposes of the study.

## **5.2 The organizational context**

The organization in which the research was undertaken was a large National Health Service (NHS) hospital in south London. The NHS is the publicly funded health system in Great Britain, within which services (with the exception of prescription charges and dental care) are free at the point of access for anyone resident in the UK. The NHS deals with around one million patients every 36 hours and employees around 1.7 million staff, approximately half of whom are clinically qualified. At the time the research was conducted, the NHS in England was run by the Department of Health, under which sat ten strategic health authorities that managed a number of local area Trusts. At the time of writing, there were a total of 388 such Trusts in England. Of these, 167 were acute Trusts, which managed secondary care through hospital services. There were a further 12 ambulance Trusts, 58 mental health Trusts and 151 primary care Trusts, which deal with community primary care and are also responsible for a large proportion of the NHS commissioning budget. Of the NHS Trusts in England, 129 have achieved foundation Trust status. This grants greater financial and operational freedom, since they are run primarily by local management and members of the public, in contrast to the more centralised system of control within which non-foundation Trusts operate. A number of acute Trusts have also been designated teaching status, providing support to healthcare professionals in

training. It is important to note that the NHS as a whole was undergoing substantial structural change at the time the research was conducted.

The Trust within which the current research was undertaken is an acute foundation Trust which has teaching status. The Trust serves a patient population of approximately 800,000 individuals across three large inner city boroughs in south London, all of which are diverse in terms of both ethnicity and socio-economic status (see Greater London Authority, 2009). The Trust is a high performing organization, achieving a rating of “excellent” for the two primary indicators of quality of care and financial performance which were used in the “Annual Health Check” (Care Quality Commission, 2009) undertaken at the time data collection commenced, a feat achieved by less than ten percent of Trusts nationally. In terms of workforce attitudes, the Care quality Commission undertakes a national survey of all NHS staff on an annual basis. The results of the most recent survey at the time of data collection, undertaken in 2010, paint a mixed picture of workforce attitudes (Care Quality Commission, 2011). Of the 38 areas of staff attitudes assessed in the survey, the organization scored better than average on 16 and worse than average on 17. In general, Trust staff are satisfied in terms of role clarity and responsibilities, engagement in decisions and some aspects of training and support. However, they work more hours than those at other trusts, whilst their opinion on health and well-being does not compare well to other NHS staff. Indeed, 10 of the 14 measures of health and well-being were below average levels. Importantly, staff at the trust also appear to report poorer satisfaction and greater intention to leave than others.

Table 5.1 shows a number of workforce indicators taken from organizational records at six-monthly intervals during the period of study, where figures are for all occupational groups unless otherwise indicated. These records show that levels of turnover, whilst high, were generally on target during the study period. Vacancy factors, on the other hand, were generally above target levels, as were rates of sickness absence. Importantly in the context of the current study, appraisals and local inductions were completed in far fewer cases than they should have been. It is dangerous to attempt to generalize from these two sets of data. However, they suggest that whilst the workforce appears to be performing well in many ways, there are also some areas for concern, particularly the apparently high sickness rates, high

vacancy rates, and relatively poor staff attitudes. Additionally, it is clear that the organization expanded quite significantly in terms of permanent staff across the duration of study.

Table 5.1: Human Resources workforce records across the study period

	Feb-09		Aug-09		Feb-10		Aug-10		Feb-11		Aug-11		Feb-12	
	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target
Staff employed - FTE	5932	--	6092	--	6308	--	6816	--	7109	--	7108	--	7216	--
Vacancy Factor %	11.1	--	10.9	--	5.5	--	5.9	8	8	8	9.3	8	7.1	8
Nursing Vacancy Factor %	11.5	--	12	--	10.3	--	10.1	8	11.1	8	10.1	8	6.9	8
Total Staff Turnover %	22.4	--	19.6	--	19.9	--	19.8	20	19.5	20	20.8	20	20.5	20
Voluntary Staff Turnover %	10	--	9.8	--	9.3	--	9.5	10	9.2	10	8.8	10	8.5	10
Nursing Total Turnover %	14.3	--	12.7	--	12	--	11.3	12	11.7	12	11.7	12	10.7	12
Nursing voluntary Turnover %	9.7	--	10.5	--	9.7	--	9.4	10	9.8	10	9.4	10	8.5	10
Monthly Sickness Absence %	2.7	3	3.1	3	3.4	3	2.8	3	3.2	3	2.7	3	3.4	3
Staff appraised this year %	68.8	83	15	38	62.9	83	13.8	38	55	83	14.8	38	67.9	83
Staff with local induction %	54.2	69	65.5	73	75.9	--	69	100	64	100	61	100	66.1	100

-- Data not recorded

### 5.2.1 Organizational recruitment and selection practices

The process of recruitment into the hospital is divided into two pathways, the responsibility for which lies with two separate teams within the central Human Resources Directorate. The first of these pathways deals with the recruitment of medical and dental professionals, a group comprised of doctors, dentists and those in training for either of these professions. The second pathway effectively deals with the recruitment of all other categories of staff joining the organization on permanent or fixed term contracts, including both clinical and non-clinical posts. Since the training route into a medical and dental career is lengthy and involves a number of rotational placements, the majority of trainee medical and dental staff enter the organization on fixed term placement contracts. There are two major influxes of rotational medical and dental staff during the year and, rather than being arranged by the organization itself, these are organized almost entirely by the local medical deanery. Thus, staff entering the organization through this route have minimal contact with the organization prior to entry, do not undergo the standard organizational selection and recruitment process and are effectively treated as temporary members of staff. The process for non-medical and dental staff entering the organization through the second route, on the other hand, is quite different. The recruitment of these individuals is arranged directly by the organization and therefore occurs on a more even basis throughout the year as posts become vacant. Staff entering through this route make applications directly to the Trust and are interviewed by existing Trust staff. Subsequently, all of the administrative work associated with the recruitment of these individuals occurs within the organization.

### 5.2.2 Recruitment of staff into the study

During the planning phase of the research, it was decided that only non-medical staff would be considered eligible for recruitment into the study. Medical and dental staff were excluded. This decision was taken for two primary reasons. The first of these was that the analysis of the attitudes and behaviours of medical and dental staff would have been problematic, because many medical and dental staff enter the organization on fixed term contracts, which in some cases run for less time than the period of study. Moreover, this group undergoes entirely different selection and orientation practices to non-medical staff. A second reason why medical and dental

staff were excluded was that whilst non-medical staff undergo organizational “corporate” induction sessions in groups upon entry, medical staff attend separate induction sessions which are run on an ad-hoc basis and not organized centrally. Therefore, access to these individuals in the initial few weeks of their job would have been difficult.

### 5.2.3 Organizational induction processes

When the research commenced, two forms of newcomer induction were provided by the organization for non-medical staff. The first of these was the “corporate induction” session. These events last for two days and feature presentations by existing Trust staff about a number of practical issues such as mandatory training, pay and conditions, equality and diversity, statutory hospital procedures and physical layouts. All new non-medical and dental staff who join the organization on a permanent contract are expected to attend a corporate induction session. Following this initial two day session, nursing and midwifery staff proceed to a further three day period of profession-specific induction, whilst others return straight to their place of work. At the commencement of the research, corporate induction sessions occurred once per month, although during data collection a change was made to the sessions so that they occurred on a more ad-hoc basis. The responsibility for booking newcomers onto a corporate induction session lies with each individual’s local manager, and Trust policy states that all newcomers should attend a corporate induction session during their first month of work. However, no organizational data exists to verify the proportion of newcomers who attend these sessions.

The second form of induction provided to all new staff on a permanent contract is the “local induction”. Specifically, it is the responsibility of the line manager to provide a local induction to newcomers to their team. A checklist is provided to the manager where individual items, such as introductions to team members and tours of the new work area, must be signed off as they occur. When complete, the checklist is passed back by the local manager to the central human resources department. As part of the scoping work for this project, organizational data regarding local induction were examined, and several informal interviews were conducted with human resources staff involved in the administration of local inductions and local managers responsible for performing the inductions. This scoping work revealed variation in

the extent to which local inductions were implemented and the quality of this implementation. In particular, the interviews revealed that whilst some local managers provided newcomers with the basic information required by the local induction checklist, others provided more extensive information, relating to issues such as the location of specific items on the wards and the encouragement of hand washing and other measures designed to increase the safety of patients. Whilst all staff should have received a local induction at three months service, human resources records (measured by the number of completed checklists received by HR) indicated that only around 60-70% had received one (see table 5.2). These findings highlight the importance of the local environment in the socialization process through which newcomers pass, suggesting that there is a great degree of variation in the way in which newcomers are welcomed by their new teams and departments. Two further points of note emerged from the interviews with human resources staff: non-medical and dental staff are not required to be appraised by their manager until one year of service, and the organization does not operate a probationary period for newcomers.

### **5.3 Summary of this chapter**

This chapter laid out the rationale for a number of decisions which were made regarding the design of the overarching study and provided background information about the host organization. The decision was made to undertake a mixed methods study featuring a qualitative and quantitative component. A pragmatic paradigmatic stance is taken to the use of this method, such that its utility in answering the research questions is deemed to be more important than the underlying philosophical issues. The decision was also taken to collect data on a longitudinal basis for both components of the research, since this method is necessary in order to examine the process of organizational socialization. A single site was selected as the focus of the research, although it is acknowledged that this approach has both advantages and disadvantages over multi-site research. The maximum total data collection period for each participant was set at twelve months, which represents a sufficient period to examine the constructs of interest. In terms of the characteristics of the organization, the hospital is large, employing around 6,000 -7,000 (full time equivalent) staff and serving a large and diverse patient population. Whilst clinical quality has been rated as relatively high, surveys have shown staff attitudes to be rather more mixed, and

rates of vacancy and sickness absence generally run above target levels. Additionally, both pilot work and organizational records indicate there is large variation across the organization in the degree to which newcomers are adequately inducted into their new environments. Having provided overarching information about the study methods, the following two chapters provide detailed information about the methods used for each component of the study.



## Chapter 6

### Quantitative Methodology

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The quantitative phase of the research was designed to test each of the specific hypotheses set out in chapter four. The purpose of this chapter is to provide information on the entire data collection and analysis process, as well as the scales which were used in the questionnaires. The chapter is split into five main sections. The first provides an overview of the design of the study, whilst the second section provides in depth description of the sample, including response rates, attrition rates, sample demographics and tests for attrition bias. The third section provides information about the surveys themselves. Here, an overview is given of the variables that were measured at each round, before the source of every scale is described along with an assessment of its psychometric properties. The fourth section provides an overview of the methods of statistical analysis used, before a fifth and final section sums up the key points from the chapter.

#### 6.1 Study design

The purpose of this section is to provide detailed information about the design of the quantitative survey study beyond the general information provided in chapter five. This is achieved by describing the ethical approval for the study, the rationale for the number of follow-up points used, the way in which participants were recruited into the study and the way in which they were followed up.

##### 6.1.1 Ethical approval

At the outset of the research, and after consultation of the relevant guidelines (see National Patient Safety Agency, 2006), it was decided that the quantitative phase of the study was one which required formal ethical consideration by a NHS research ethics committee. An application was made to King's College Hospital research ethics committee, who gave approval for the study to commence on August 27<sup>th</sup> 2009 (REC reference: 09/H0808/67; see appendix one).

### 6.1.2 Follow-up points

The rationale behind the decision to follow up each individual for a period of twelve months is described in chapter five. A further decision to be made, however, related to the number of times each individual would be followed up within this period. The model described in chapter four splits the socialization process into three distinct phases: anticipation, encounter and adjustment. The decision was therefore made that the minimum number of data collection points necessary to answer the research questions was three. The first of these would assess initial perceptions at organizational entry, whilst the third would assess perceptions at twelve month's service. The timing of the intermediate data collection point was decided upon using previous theory and research in the area.

It is important to note here that the nature of the socialization process means that there is no set time limit at which each phase of socialization begins and ends, nor is there any reason why this should occur at the same time for any two individuals in the same organization. In theoretical terms, both Shore and Tetrick (1994) and Rousseau (1995; 2001) describe the first few weeks and months of service as being critical for the development of the psychological contract. Likewise, the stage models of socialization tend to shed little light on when each stage ends and begins (see Ashforth et al., 2007). Previous studies which have examined the early phase of socialization have tended to collect data within the first three months of tenure. De Vos and Freese (2011) collected their first follow-up data at three months service, noting that there were no significant relationships between information seeking and psychological contract variables subsequent to this, and suggesting that this implied that the first three months of employment are the most important for sensemaking. Morrison (1993a; 1993b) collected data at three months, as did De Vos et al. (2003), whilst Thomas and Anderson (1998) collected data at eight weeks. Reviewers in the area have noted that most studies tend to collect data at three months (see Bauer et al., 1998; Bauer et al., 2007) since changes in integration outcomes should at this time or earlier (see Ashforth, Sluss and Harrison, 2007). The decision was therefore made that the second point of data collection would occur three months post-entry.

### 6.1.3 Recruitment of study participants

During the planning phase of the research, two methods by which participants might be recruited into the study were identified, both of which involved recruitment of newcomers via an initial questionnaire. The first method was to recruit newcomers via an online version of the questionnaire, using a hyperlink added to an email routinely sent by the human resources department to all new starters prior to their first day at work. The second possible method of recruitment involved the distribution, by the researcher, of paper surveys to newcomers at the “corporate induction” sessions which all organizational newcomers attend during their first month of work.

In order to select the most appropriate and effective means to recruit newcomers, the two methods were piloted with 60 individuals for one month each. The online recruitment method yielded eight responses during the month, whilst the paper method yielded 38 responses. The increased efficacy of the paper method probably occurred as a result of the researcher’s ability to engage directly with participants and answer their questions during the induction session, and the decision was therefore made to recruit staff using this method for the duration of the study. After the third corporate induction, the organization slightly altered the content of the sessions and there was no longer sufficient time for the researcher to attend in person. From this time onwards, the induction facilitator agreed to hand out the surveys on behalf of the researcher.

### 6.1.4 Follow-up methods

A condition of the favourable approval of the research by the ethics committee was that staff provided their own contact details when completing the initial questionnaire rather than these details being obtained through organizational records. Thus, it was possible only to follow up individuals who provided this information on the time one questionnaire at corporate induction. At each of the two subsequent time points, participants who had left an email address were emailed a survey. Participants were given the choice of completing the survey in hard format and then emailing it back to the researcher, or printing and returning it to the researcher by mail. Additionally, participants who had left a postal address on the initial questionnaire were posted a paper survey which could be completed by hand. If no reply had been received after

the ten day deadline, participants were followed up by the same methods one further time with a reminder letter, again with a ten day deadline for completion. If participants had still not replied after this reminder, then those who had left a telephone number were contacted to ensure that the details they had left were still correct. All participants who had left contact details at time one were contacted at time three regardless of their participation at time two.

## **6.2 The sample**

### **6.2.1 Response and attrition rates**

Table 6.1 shows summary information regarding the sample at each follow-up point, whilst table 6.2 shows response and attrition rates from some highly cited comparable studies in the area. Data collection began in February 2010 and, according to organizational records, a total of 818 participants had passed through 21 corporate induction sessions by the time round one data collection ceased in February 2011. This sample represented a larger than expected participant pool which, as table 6.2 shows, compares relatively favourably with some previous studies in the area. A total of 535 newcomers responded to the survey at T1, the induction session, for an overall response rate of 65.4% across the whole sample. This figure again compares relatively favourably with the previous studies shown in table 6.2. However, a condition of the stringent NHS ethical approval of the study was that participants must provide their own contact details to the researcher rather than the researcher obtaining these through organizational records. Any participants who did not provide their contact details at T1 were therefore effectively excluded from the study at this stage. As a consequence, the total usable sample of T1 responders dropped to 345 individuals at a response rate of 42.1%. This usable sample figure, which is considered as the total T1 sample from herein, compares less favourably with others studies in table 6. 2. An exception to this is the study of Ashforth, Sluss and Saks (2007), which faced similar problems in that a good number of their participants had to be excluded at T1 due to ineligibility.

Of the 345 participants responding to the survey at T1, 162 responded at T2 for a response rate of 47% of those solicited. At time three, 97 participants responded, representing 28.1% of the total T1 usable sample. Of these 97 individuals, 75 had also responded at time two, whilst 22 had not. Hence, in total, 53% of the sample had

been lost to follow-up by T2 and 71.9% by T3. These rates do not compare very favourably with the other studies shown in table 6.2, for which there are a number of possible reasons. First, response rates were clearly affected by the need to obtain contact details from individuals at T1 rather than taking completion of the initial questionnaire as consent to participate in the subsequent rounds and using organizational records. Second, a number of study participants had recently moved to London to take up a job with the organization, and were either living in temporary accommodation or in the process of relocating. As a consequence of this, it was often difficult to contact individuals for follow-up. Third, the nature of the roles of study participants may have adversely affected response rates, since many clinical staff groups work long and unsociable hours and are therefore rather time-constrained. Fourth, the process of organizational entry at the host organization involves invitations to complete a number of standard questionnaires, whilst the Care Quality Commission also runs a national staff attitudes survey in every NHS Trust annually. These factors may have reduced the motivation or ability of staff to respond. Fifth, many of the more traditional methods for optimising response rates are not possible within the somewhat rigid ethical research framework of the NHS. For example, Heberlein and Baumgartner (1978) advise increasing the personal salience of surveys whilst reducing the costs of completion, but this is difficult given the provision of a standard text detailing the pros and cons of participation which is necessary for any NHS research. Nonetheless, strategies of this type were implemented where possible, including personalization of follow-ups, telephone calls, repeated contacts with participants, the use of shortened scales and the provision of cost free methods of return. A final important point of note there is that that whilst the response rates at each data collection point do not always compare favourably with those found in the other studies shown in table 6.2, they are comparable to the response rate of 48% reported by the 2010 National Survey of NHS staff in the same organization (see Care Quality Commission, 2011).

An additional point of note with regard to the response rates achieved by the survey is that, as can be seen from table 6.1, there was some variation in response rates at T1 across the cohorts. The probable cause of this variation relates to the way in which the surveys were administered. The first three cohorts, which achieved some of the highest response rates, were those where the researcher was able to attend the session

and provide a brief presentation. When the facilitator took over questionnaire distribution, rates dropped but were still relatively high. However, the usual facilitator was not able to attend a number of the sessions towards the end of data collection and was replaced by a stand in who was less engaged with the research; at this time response rates dropped significantly.

Table 6.1: Sample size, response rates and attrition rates by cohort

Cohort	Date	T1 - Month one			T2 - Month three		T3 - Month twelve		Attrition rates		
		Solicited	Usable returns	Response rate	Returns	Response rate*	Returns	Response rate*	T1-T2	T1-T3	T2-T3
1	15/02/10	60	38	63.3%	18	47.4%	14	36.8%	52.6%	63.2%	33.3%
2	08/03/10	48	19	39.6%	5	26.3%	5	26.3%	73.7%	73.7%	20.0%
3	22/03/10	27	17	63.0%	6	35.3%	4	23.5%	64.7%	76.5%	50.0%
4	19/04/10	65	35	53.8%	22	62.9%	13	37.1%	37.1%	62.9%	45.5%
5	18/05/10	53	23	43.4%	9	39.1%	7	30.4%	60.9%	69.6%	44.4%
6	21/06/10	60	35	58.3%	15	42.9%	9	25.7%	57.1%	74.3%	66.7%
7	05/07/10	21	12	57.1%	6	50.0%	5	41.7%	50.0%	58.3%	33.3%
8	26/07/10	21	12	57.1%	5	41.7%	6	50.0%	58.3%	50.0%	40.0%
9	16/08/10	72	28	38.9%	15	53.6%	6	21.4%	46.4%	78.6%	60.0%
10	06/09/10	51	6	11.8%	5	83.3%	1	16.7%	16.7%	83.3%	80.0%
11	27/09/10	46	21	45.7%	8	38.1%	3	14.3%	61.9%	85.7%	62.5%
12	04/10/10	65	19	29.2%	7	36.8%	4	21.1%	63.2%	78.9%	57.1%
13	17/10/10	35	12	34.3%	4	33.3%	2	16.7%	66.7%	83.3%	75.0%
14	25/10/10	30	13	43.3%	6	46.2%	4	30.8%	53.8%	69.2%	50.0%
15	08/11/10	30	12	40.0%	7	58.3%	2	16.7%	41.7%	83.3%	85.7%
16	15/11/10	18	14	77.8%	7	50.0%	4	28.6%	50.0%	71.4%	57.1%
17	29/11/10	22	12	54.5%	9	75.0%	5	41.7%	25.0%	58.3%	55.6%
18	06/12/10	12	4	33.3%	0	0.0%	0	0.0%	100.0%	100.0%	100.0%
19	10/01/11	23	3	13.0%	2	66.7%	2	66.7%	33.3%	33.3%	50.0%
20	17/01/11	17	2	11.8%	2	100.0%	0	0.0%	100.0%	100.0%	100.0%
21	14/02/11	42	8	19.0%	4	50.0%	1	12.5%	50.0%	87.5%	75.0%
Totals		818	345	42.18%	162	47.0%	97	28.1%	53.0%	71.9%	53.7%

\* as a proportion of T1 usable returns

Table 6.2: Design of selected longitudinal studies of organizational socialization

Authors	Data collection points	Total solicited N	Total T1 responses N (rate)	Attrition at first follow-up	Attrition at final follow-up	Final sample
De Vos, Buyens & Schalk, 2003; De Vos & Freese 2011	1. 2 weeks 2. 3 months 3. 6 months 4. 12 months	975	720 (74)	NR	66% of total solicited 54% of T1 responders	333 matched
Thomas and Anderson (1998)	1. Day one 2. Week 8	NR	880 (NR)	71.7% of T1 responders	N/A	314 total 249 matched
Kammeyer-Mueller and Wanberg (2003)	1. Month 1 2. Month 4 3. Month 8 4. Month 12	1532	945 (61.7)	46.3% of total solicited 13% of T1 responders	62 % of total solicited	589 matched
Ashforth, Sluss & Saks (2007)	1. Before graduation 2. 4 months later 3. 7 months later	2002	415 (20.7) 282 (14.1) usable	90.0% of total solicited 29.1 % of usable T1 responders	92% of total solicited 47% of usable T1 responders	150 matched
Morrison (1993a, 1993b)	1. 2 weeks 2. 3 months 3. 6 months	240	205 (85)	28 % of total solicited 16% of T1 responders	27% of T1 responders 38% of total solicited	149 matched



### 6.2.2 Sample demographics

Table 6.3 details the demographics of the sample who responded at time one. Comparisons are made where possible with data from the Health and Social Care Information Centre (2012) which publishes demographic information for non-medical staff across the NHS. It is important to note, as will be seen, that the demographic makeup of the London population as a whole, and of staff in London hospitals, tends to be somewhat different from other parts of the UK. As table 6.3 shows, over half of participating staff identified themselves as working in nursing and midwifery, a figure which is roughly equivalent to the national rate. There were far more females in the sample than males. Only 17% of participants identified themselves as being male, a figure which is again in line with the 19% figure reported by the NHS information centre. Somewhat surprising, however, is that over sixty percent of the current sample fell into the youngest age category of being under thirty. The national demographic data indicate that the age of the NHS workforce follows a bell-shaped distribution, with the majority of individuals falling into the 35 – 55 year age group. However, it is generally accepted that the labour market conditions in London are somewhat different to other parts of the UK, with higher numbers of younger and more mobile staff in the area (Hutt and Buchan, 2005; Harding, 2004).

There was a roughly even split between those joining from other NHS organizations and those joining from elsewhere, although it is important to note here that this second category includes individuals joining from training courses including degrees, even if they were training for healthcare careers. The sample was also roughly evenly split in terms of ethnic origin, with a small majority of participants from Black, Asian and Minority Ethnic backgrounds. Responses to the 2010 NHS staff survey in the same organization revealed similar figures. Both of these figures, however, are far higher than those reported nationally. Finally, the vast majority of staff worked full-time hours, whilst only 8% indicated that they had no patient contact.

Table 6.3: Demographic characteristics of all respondents to the time one survey

Occupational group	N	%	Ethnicity	N	%
Nursing and midwifery	268	55.4	White British	212	42.7
Allied health professionals	128	26.4	BAME	284	57.3
Administration and clerical	88	18.2	Age group	N	%
Last job	N	%	16-30	293	61.3
In NHS	271	55.9	31-40	121	25.3
Not in NHS	214	44.1	41-50	51	10.7
Gender	N	%	50+	13	2.7
Male	85	17	Patient contact	N	%
Female	414	83	Frequent	407	81.4
Hours per week	N	%	Occasional	51	10.2
0 - 29	37	7.4	Never	42	8.4
30 +	461	92.6			

### 6.2.3 Tests for attrition bias

Attrition bias in longitudinal studies can occur when those who do not contribute data to a particular follow-up point differ on important characteristics to those who do provide data. This bias can adversely affect the quality of panel survey studies in at least two ways (Miller and Wright, 1995). First, if the sample providing data in later survey rounds is not generalizable to those contributing to earlier rounds, external validity is compromised. Second, if covariance between variables is not consistent across rounds as a result of selective attrition, internal validity is compromised. In order to test for attrition bias, the method advocated by Miller and Wright (1995), Miller and Hollist (2007) and many others was followed. This involves creating a dichotomous variable for each survey round to indicate whether or not each participant returned data at that time. Logistic regression analyses are then undertaken, whereby these dichotomous variables are regressed on the time one values of the demographic variables and other major study variables. Here, three such analyses were undertaken. The first of these examined the predictors of whether or not time one responders formed part of the usable time one sample (i.e. whether or not they left follow-up contact details). The second examined whether or not time one participants returned a survey at time two, and the third examined whether or not they returned a survey at time three.

The results of these three analyses are shown below in table 6.4. There were very few significant predictors of survey return. The only predictor to consistently appear was age, with older participants more likely to leave follow-up details at time one and more likely to return surveys at times two and three. The literature has indicated that response rates to surveys tend to be lowest in the oldest and youngest of adults (e.g. Kaldenberg, Koenig and Becker, 1994; Sheldon, Graham, Potheary and Rasul, 2007). In the current sample, there were very few elderly participants, but there was a disproportionate representation of younger adults. Since the youngest individuals are more likely to hold entry-level or unqualified posts, they may have less invested in their profession and less incentive to respond, leading to an increase in response rate with age. There were three other significant predictors across rounds: more committed individuals were more likely to leave follow-up details at time one, Allied Health Professionals were less likely to respond at time two and those who received more useful information via organizational efforts were less likely to respond at time three. In each case, the effect size was very small and only marginally significant, and none of these predictors appeared in more than one round. For these reasons, it was not deemed necessary to make corrections for attrition bias.

**Table 6.4: Predictors of participant response at each time point**

Time 1 Variables	Time 1 usable <sup>a</sup>	Time 2 <sup>a</sup>	Time 3 <sup>a</sup>
Age	1.06*	1.04*	1.05*
BAME	0.65	1.08	0.87
Nursing	0.84	0.49	0.75
Admin and clerical	0.58	0.40*	0.61
Gender	2.11	1.54	2.52
Experience	1.08	0.69	1.26
Hours	2.58	3.01	2.31
Pre-hire interaction	1.14	1.17	0.88
Inquiry	1.11	1.11	1.22
Organizational efforts	0.88	0.92	0.67*
Knowledge	1.08	0.88	1.21
Affective commitment	1.45*	1.25	1.35
Stress	0.99	0.87	1.05
Service quality orientation	1.14	0.90	0.97
Perceived employer promises	1.01	1.11	1.28
Ability to deliver quality	1.08	0.99	0.92
Previous quality	0.89	0.78	1.07
<b>Model statistics</b>			
Chi squared	30.28*	26.75	19.62
Nagelkerke R <sup>2</sup>	0.157	0.136	0.115
Hosmer & Lemeshow	8.551	8.41	8.92

<sup>a</sup> Entries are odds ratios

\* Odds ratio is significant at the 0.05 level

### 6.3 The surveys

The purpose of this section is to describe the scales used in each of the surveys, shown in full in appendix two. A general point with regard to these scales is that, since response rates were not expected to be overwhelming, shortened versions of scales were used where possible to encourage participation. Where scales were based on those used previously in published studies, scale authors were contacted if it was not possible to obtain items from the literature. Table 6.5 shows means, standard deviations and reliability coefficients, where appropriate, for each of the survey scales. Detailed findings from the factor analyses and details of response distributions for each scale are shown in appendix three.

In order to keep the length of the surveys to a minimum, constructs were only measured at the rounds necessary to evaluate the model. Therefore, pre-hire interaction was measured only in the first survey. Inquiry and passive information

acquisition were measured at the first two time points, because these variables were deemed important only in the encounter stage of socialization. Perceived fulfilment and violation of the contract were measured at times two and three only, since they were expected to be of most influence during adjustment. Some outcome variables were not assessed at time one, because it was not deemed appropriate to ask participants about issues such as their intention to leave the organization at this time. The following section goes on to describe each scale in detail. All reliability statistics are based on cronbach's alpha, and all factor analysis was undertaken using the varimax method of rotation.

Table 6.5: Variables assessed at each survey round

Information acquisition	Items	Round 1				Round 2				Round 3			
		N	Mean	SD	$\alpha$	N	Mean	SD	$\alpha$	N	Mean	SD	$\alpha$
Pre-hire interaction	4	457	3.17	0.92	0.77	--	--	--	--	--	--	--	--
Inquiry	6	459	3.85	1.13	0.87	162	3.89	0.79	0.76	--	--	--	--
Organizational efforts	3	455	3.86	1.16	0.87	162	3.87	0.97	0.84	--	--	--	--
Knowledge													
Socialization knowledge	10	481	4.34	0.57	0.86	156	4.43	0.51	0.90	92	4.51	0.46	0.89
Psychological contract													
Perceived employer promises	18	503	16.10	1.84	n/a	156	15.05	2.72	n/a	93	14.70	3.08	n/a
Perceived fulfilment	18	--	--	--	--	156	4.10	0.72	n/a	92	3.96	0.75	n/a
Perceived violation	6	--	--	--	--	162	1.82	0.82	0.87	96	1.95	0.69	0.80
Service quality													
Performance	5	--	--	--	--	156	3.98	0.57	0.89	92	3.97	0.48	0.84
Service quality focus	5	338	4.27	0.66	0.83	142	4.23	0.65	0.80	82	4.25	0.55	0.58
Attitudes													
Intention to leave	3	--	--	--	--	156	1.68	0.95	0.85	92	1.83	1.14	0.94
Organizational commitment	4	434	3.34	1.02	0.91	156	3.40	0.96	0.90	92	3.20	0.98	0.91
Well-being													
Stress	3	436	2.69	0.97	0.75	156	2.80	1.14	0.85	92	2.72	1.08	0.84
Job satisfaction	4	--	--	--	--	155	4.27	0.91	0.94	92	4.24	0.87	0.95
Contextual service quality													
Previous quality	4	499	3.96	0.82	0.81	--	--	--	--	--	--	--	--
Ability to deliver quality	4	422	4.21	0.72	0.89	156	4.19	0.78	0.92	96	4.02	0.79	0.87
Team Quality	4	--	--	--	--	152	4.27	0.71	0.81	92	4.36	0.63	0.78

### 6.3.1 Psychological contract scales

Three psychological contract-related constructs were of interest here: perceived employer promises, perceived fulfilment of employer promises and perceived violation of the psychological contract. Turning to the first of these, researchers have generally used facet measures to assess perceived employer promises. Here, participants are presented with a list of possible promises or obligations which may have been made by their employers, and asked to indicate the extent to which this has happened (e.g. Robinson, 1996). As discussed in chapter three, an overarching issue with any questionnaire measures of the psychological contract is that they may fail to recognise the intrinsically implicit nature of the psychological contract. Researchers have attempted to overcome this problem in two ways. The first, used by Guest and Clinton (2006), is to include an introduction to the survey instrument which explains that promises may have been implicitly or explicitly made. The second is to include the degree of implicitness in the response scale. A measure developed by Guest and Conway (2002), for example, asks participants to rate each item based on the explicitness of the promise such that the scale ranges from “no promise made” to “suggestion of a promise, nothing actually said or written down” to “written or verbal promise”.

Turning to fulfilment of the psychological contract, researchers have generally used two methods to assess the construct. First, several authors have used generic measures of psychological contract fulfilment. Robinson and Morrison’s (2000) scale, for example, features five items, an example of which is “I feel that my employer has come through in fulfilling the promises made to me”. Second, others have used facet measures, whereby a list of specific promises is provided, with participants rating the extent to which each was fulfilled (e.g. Robinson, 1996). Finally, psychological contract violation (as per the definition of Morrison and Robinson, 1997) has generally been measured using generic scales. Guest and Clinton’s (2006) scale asks participants the extent to which they feel a number of emotions with regard to experienced psychological contract fulfilment (e.g. grateful, disappointed, violated). The authors report an internal reliability statistic of 0.85 for the scale.

For the purposes of the research presented here, it was decided to utilize facet measures of both perceived employer promises and perceived fulfilment, primarily in

order to tailor them to the specific organizational context. This is of particular importance in healthcare, where research shows that psychological contract promises are somewhat context-specific (Bunderson, 2001). Additionally, the facet measures allow fulfilment and contents to be measured simultaneously using only one list of promises. Guest and Clinton's (2006) generic measure was selected to assess violation. A period of pilot work, described below, was undertaken to develop the survey items for perceived promises and their fulfilment.

#### Development of psychological contract scales

The violation items did not require extensive development, since their psychometric properties have been established elsewhere. A set of perceived employer promises developed by Guest and Clinton (2006) was used as a basis for the pilot work on the perceived promises and fulfilment scales. Informal interviews were then undertaken with eighteen individuals from the host organization during October 2009 to elicit further items. Participants were a mix of clinical and non-clinical staff with varying degrees of experience within the NHS. During these interviews, participants were asked to list the promises and obligations which they felt had been made to them, either explicitly or implicitly, during their work experience within the NHS. An Initial set of items was generated and pooled, before being merged with the items in the scale developed by Guest and Clinton (2006). This process produced a set of 18 potential perceived employer promises, shown in figure 6.1. Additionally, two items (c and i) were added to remove possible response bias, although not used in the analysis. The items were tested for readability with a small sample of organizational newcomers. Items were scored on a six point likert-type scale (0 = No, promise not made; 1 = Yes, but not kept promise at all; 5 = Yes, fully kept promise), so that a measure of both the number of perceived promises made and the fulfilment of perceived promises could be derived from the scale. The number of perceived promises was a score out of 18, where any items scored 1-5 by participants were included. The fulfilment score was a composite that could range from one to five, calculated by dividing the total scale score by the number of perceived promises.

#### Psychometric assessment of psychological contract scales

Although some authors have sought to ascertain the factor structure of perceived psychological contract promises (e.g. Robinson and Kraatz, 1994), the view taken



here is that this construct is unsuitable for factor analysis. This view is in line with that of Guest and Clinton (2006) among others. One reason for this stance is that measures of perceived promises are context specific, and therefore may not reflect an underlying factor structure. Rather, each item is a stand-alone promise. A second is that, since each individual only contributes a fulfilment score for those items for which a promise was perceived to have been made, there is a relatively large amount of missing data. Moreover, the measure of perceived promises is based on dichotomous items. Both of these factors severely limit the appropriateness of psychometric analysis. The violation scale contained six items scored on a five point likert scale (1 = not at all; 5 = very). The scale score was a composite calculated by taking the mean of the six items. Factor analysis was carried out on the six items, revealing a single factor structure. Additionally, the scale demonstrated good internal reliability at both round two and three, and some degree of variance. Consequently, all six items were used in the analysis, as shown in figure 6.2.

**Figure 6.1: Perceived organizational promises and perceived psychological contract fulfilment scales**

Here is a list of some promises and commitments which organizations sometimes make to their employees. For each, please consider whether such a promise has been made by [your organization], either formally or informally, and the extent to which [your organization] has kept that promise.

- a) Provide you with interesting work?
- b) Provide an environment free from bullying, violence and harassment?
- c) Provide you with a job for life?
- d) Provide you with good pay for the work you do?
- e) Provide you with a job that is challenging?
- f) Allow you to participate in decision-making?
- g) Provide you with a safe working environment?
- h) Provide a good working atmosphere?
- i) Turn a blind eye if you are late for work?
- j) Be flexible in matching the demands outside of work with your job?
- k) Provide possibilities to work together in a pleasant way?
- l) Provide you with opportunities to advance and grow?
- m) Provide you with a career?
- n) Provide you with a reasonably secure job?
- o) Improve your future employment prospects?
- p) Support you in providing the highest possible quality of service to patients / service users?
- q) Help you deal with problems you encounter outside work?
- r) Provide you with training that is relevant to your job?
- s) Ensure fair treatment by managers and supervisors?
- t) Do everything possible to enable you to treat patients / service users safely?

**Figure 6.2: Violation scale**

Please think overall about how far [your organization] has / has not kept its promises and commitments.

In relation to this, to what extent do you agree with the following statements?

I feel...

Happy (R)

Angry

Pleased (R)

Violated

Disappointed

Grateful (R)

### 6.3.2 Information acquisition scales

As discussed in earlier chapters, an aim of the study was to assess the contribution of information which is obtained by organizational newcomers, both actively and passively, regarding the most important aspects of their new environment. As described in chapter two, the “tactics” approach of Van Maanen and Schein (1979) and Jones (1986) was considered inappropriate, particularly since the current study was being undertaken in one organization. Various other scales have been developed previously to assess information acquisition during the process of organizational socialization (see for example, Morrison 1993a; 1993b; 1995; Chan and Schmitt, 2000; Kammeyer-Mueller and Wanberg, 2003), although they are rather long. Since an aim was to use short scales where possible, the decision was taken to develop new scales for the current study.

#### Development of information acquisition scales

The scales were designed to assess the acquisition of the three types of information that are deemed most useful for successful integration during socialization (Haueter et al., 2003). These relate to the role, the team and the organization. Following the approach of Morrison (1993a; 1993b) amongst others, three scales were devised, one for each for these three types of information. In order to develop the scales, informal interviews were conducted with 18 organizational newcomers who were asked to describe the most important methods through which they had obtained information at work. Previous scales were then examined. Based upon this pilot work, the decision was taken to construct two scales, one to assess the usefulness of information acquired via inquiry behaviour, and one to assess the usefulness of information acquired via organizational efforts. Three inquiry items were included. Two pertained to the direct questioning of supervisors and the direct questioning of colleagues, since these are considered to be the two most important sources of information for newcomers (Ashford and Cummings, 1983; Jablin, 2001). The third related to the consultation of organizational documents. Information acquisition through organizational efforts was assessed via one item, adapted from Morrison (1993a) and Kammeyer-Mueller and Wanberg (2003). Following initial development, the scales were tested for readability with a group of organizational employees and corrected where necessary.

### Psychometric assessment of information acquisition scales

Following Morrison (1993), initial factor analysis was undertaken on the scales for each type of information separately. Using the time one data, the expected factor structure was not found. One of the inquiry items (“looked up information from written records or on the intranet”) factored alone. The other two inquiry items made up a second factor, and the organizational efforts item factored alone as a third factor. The expected factor structure was also not found in the time two data. Here, one of the inquiry items (“looked up information from written records or on the intranet”) consistently factored with the organizational efforts item. Since the inquiry item relating to consulting organizational literature appeared not to be significantly distinct from the other items, it was removed from the scales. Following removal, further analysis revealed the expected factor structure and good internal consistency for the scales. Hence, the final inquiry scale item contained six items and the final organizational efforts scale contained three items. The items were scored on a five point likert scale (1 = No; 5= Yes, and this was very useful), and composite scores were computed by taking the mean of scale items. The final scale items are shown below in figure 6.2. The lead-in sentences describing the particular type of information to which the item referred was adapted from Morrison (1993a) and Kammeyer-Mueller and Wanberg (2003).

**Figure 6.3: Inquiry and organizational efforts scales**

In order to determine how to perform specific aspects of your job, have you...
1a) Asked your direct supervisor? (I)
1b) Asked a colleague? (I)
1c) Used information provided during induction, training or other efforts made by [your organization]? (O)
In order to determine the rules, goals and values of your new team, have you...
2a) Asked your direct supervisor? (I)
2b) Asked a colleague? (I)
2c) Used information provided during induction, training or other efforts made by [your organization]? (O)
In order to determine the rules, goals and values of [your organization] as a whole, have you...
3a) Asked your direct supervisor? (I)
3b) Asked a colleague? (I)
3c) Used information provided during induction, training or other efforts made by [your organization]? (O)
I = inquiry items; O = organizational efforts items

### Pre-entry interaction

Robinson and Morrison (2000) developed a scale to assess levels of pre-employment interaction with the current organization. The scale is a simple four item measure, for which the authors reported an alpha reliability score of 0.89. Since this scale was developed for the purpose of studying organizational socialization and needed no adaption for use in a healthcare context, it was used in the study. Each item is scored on a five point likert scale (1 = strongly disagree; 5 = strongly agree). Factor analysis of the scale using the T1 dataset revealed a single factor structure, and reliability analysis revealed that the scale had good internal consistency. All four items were therefore used in the subsequent analysis, shown in figure 6.4.

**Figure 6.4: Pre-entry interaction scale**

Please state to what extent you agree with the following statements:
a) During the recruitment process, I talked in depth with people at [my organization]
b) When being recruited by [my organization], I met with many different people
c) I had considerable interaction with people at [my organization] when I was recruited
d) I met with only a few people from [my organization] prior to taking the job

### 6.3.3 Socialization knowledge

Like the information acquisition scales, the socialization knowledge scales were designed to assess knowledge acquired across the three core dimensions of the role, the team and the organization. The development of these scales followed the pattern used for the development of the information acquisition scales. First, organizational newcomers were consulted through interviews as to the type of knowledge they felt was most useful to obtain during socialization. Second, previous scales were examined. At least six separate formulations of newcomer knowledge have been proposed (Ostroff and Koslowski, 1992; Chao et al., 1994; Morrison, 1995; Thomas and Anderson, 1998; Haueter et al., 2003; Taormina, 2004), with scales based on each. The scale developed by Chao et al. (1994) has been most often used in the literature, although there are several problems with it, particularly with regard to attention to the levels of analysis within each scale and the confounding of task knowledge with measures of task performance (Haueter et al., 2003).

The decision was taken to use items from the measure developed by Haueter et al., (2003) for several reasons. First, this measure was specifically developed as a response to the main criticisms of the Chao et al. (1994) measure. Thus, the measure focuses on the three primary domains of task, group and organization and, in line with earlier scholars such as Schein (1971), each domain includes measures of both factual knowledge and role behaviour knowledge. Second, the three domains in Haueter et al.'s (2003) measure map directly onto the three domains examined by the information acquisition items. Third, the items in this scale also covered the main themes identified as important by pilot participants. The original scales contain 12 team knowledge items, 12 organizational knowledge items and 11 task knowledge items. In accordance with the aim of producing a short questionnaire, four items were selected for each of the domains task, role and organizational knowledge. Two of these represented factual knowledge and two represented role behaviour knowledge. Items were selected on the basis of how far they reflected participant views and were tested for readability with a group of newcomers.

Items were scored on a five point scale (1 = strongly disagree; 5 = strongly agree). Initial factor analysis on the twelve items at each round did not reveal the expected factor structure. A three-factor solution was found, with the job and organization scales factoring as expected. However, at round two, two of the items from the team

scale loaded strongly on to the job scale. At round three the same situation occurred for one of the team scale items. Removal of these two items led to the expected factor structure. Internal reliability was also good. The final scale used in the analysis was therefore made up of ten items, shown in figure 6.5. In order to create a single score with which the extent of knowledge internalization during socialization could be assessed, a composite score was calculated by taking the mean of these ten items. This follows the approach of Boswell, Shipp, Payne and Culbertson (2009) with the current scale, and Kammeyer-Mueller and Wanberg (2003) among others with similar scales.

**Figure 6.5: Socialization knowledge scale**

Please state to what extent you agree with the following statements:
a) I understand which job tasks and responsibilities have priority (JOB)
b) I know the responsibilities, tasks and projects for which I was hired (JOB)
c) I understand how to perform the tasks that make up my job (JOB)
d) I know what constitutes acceptable job performance (JOB)
e) I understand the relationship between my team and other teams (TEAM)
f) I understand the expertise each member brings to my particular work group (TEAM)
g) I understand [my organization's] objectives and goals (ORG)
h) I understand how my job contributes to [my organization] as a whole (ORG)
i) I understand what is meant when people refer to other areas / departments at [my organization] (ORG)
k) I understand how to act to fit in with [my organization's] values (ORG)

#### 6.3.4 Measures of service quality

##### Service quality focus

The concept of “service quality orientation” has developed largely from the related concept of “customer orientation”, which has been defined as the “behaviour of service employees when serving the needs and wishes of existing and prospective customers” (Hennig-Thurau and Thurau, 2003, p. 27). Much existing work on customer oriented behaviour is based on the Selling-Orientation Customer-Orientation scale (SOCO) developed by Saxe and Weitz (1982), which measures the “ability of salespeople to help their customers by engaging in behaviours that increase customer satisfaction” (p. 343). As noted by Stock and Hoyer (2005), this body of work has generally demonstrated that the SOCO scale is a useful and valid instrument which can be used across a variety of sectors. Additionally, several other

scales have emerged, such as Hennig-Thurau's (2004) measure of "customer orientation of service employees" and Peccei and Rosenthal's measure of "customer oriented behaviour" (COBEH). It is important to note here that whilst many of the scales in this area refer to an "orientation", which implies a stable trait, it is widely acknowledged that such behaviours can be altered by current organizational experience, including socialization (see, for example, Kelley, 1992; Hartline, Maxham and McKee, 2000). To avoid confusion, the variable used here is referred to as "service quality focus".

An issue with most of the existing scales is that they have been developed in the personal selling and services marketing literatures, and subsequently applied mainly in private sector sales and customer services environments. Hence, these scales would need to be extensively reworked in order to be applied in the healthcare sector. An exception to this is the measure of customer orientation developed by Daniel and Darby (1997) within the healthcare sector. These authors dropped the 11 items which related to sales orientation from the original 24 item SOCO scale, leaving 13 items relating simply to customer orientation. These were then adapted to a healthcare context. Unlike previous applications of the SOCO where items tend to load onto two factors, one for negative and one for positive items, the authors reported a three factor structure where the first factor related to information exchange between staff and patients, the second related to professional behaviour and the third related to the suggestion of unacceptable or manipulative behaviour. The authors reported an internal reliability coefficient of 0.85 for the scale. Given the acceptable psychometric properties of this scale and the fact that it is one of the only instruments to have been developed specifically for the healthcare context, nine items from the scale (three from each subscale) were selected for use in the final questionnaire.

Exploratory factor analysis was initially undertaken on the time one sample and was found to support the original structure of the SOCO scale, where two factors emerged which represented the positive and negative items. All items loaded relatively highly, with the exception of item 6. The reliability analysis, however, revealed that the alpha internal consistency score of the scale was between 0.6 and 0.7 for these rounds. Detailed examination of the data analysis showed that the negatively worded items, as well as item 6, appeared to be problematic for participants. These items were therefore removed from the scale, leaving five items,



shown in figure 6.6. These five items loaded onto one factor and showed better internal reliability than the longer scale. Item loadings and alpha coefficient were somewhat weaker at time three. Although a cronbach's alpha score of above 0.7 is often considered to be the threshold for acceptability, scores of above 0.5 are considered poor but not unusable (George and Mallery, 2003). Since the scale achieved reliability coefficients which can be considered as good at the earlier two time points, the time three scale was used in the analysis. A composite score for these items was calculated by computing their mean

Figure 6.6: Service quality focus scale

Please state to what extent you agree with the following statements:
a) I try to find out which of [my organization's] services would be most helpful to a patient
b) I try to achieve my goals by satisfying patients
c) I try to get patients to discuss their needs with me
d) I try to give patients an accurate expectation of what [my organization's] services can do for them
e) I offer the service that is best suited to the patient's needs

### Individual Performance

Job performance can be defined as “scalable actions, behaviour, and outcomes that employees engage in or bring about that are linked with and contribute to organizational goals” (Viswesvaran and Ones, 2000, p. 216). The ideal scenario would have been to include an objective measure of performance, since self-report measures can induce self serving bias or social desirability in participant responses and might therefore be unreliable (Spector, 1994). Conversations with the HR department during the planning phase of the research revealed that this would not be possible, however, primarily because the organization did not routinely perform formal performance appraisals within the first year of employment. Therefore, a perceptual self-report measure of staff performance was selected.

Numerous self-report measures of job performance have been developed in the literature for use in specific organizational contexts, with varying levels of psychometric acceptability (see for example Abramis, 1994; Bakker and Heuven, 2006). For the purposes of the current study, a modified version of Ashford and Black's (1996) measure was chosen. The instrument asks participants to compare

themselves to their colleagues rather than simply asking about performance levels with no reference point, a strategy that correlates highly with objective supervisor ratings of performance (Ashford and Black, 1996). This instrument has previously been used in studies of organizational socialization by Robinson and Morrison (2000), who reported a cronbach's alpha score of 0.95 for the scale. The measure is also generic rather than context specific, and is therefore suitable for use with the diverse group of participants in the current study. Additionally, the measure is short at five items. Each item was rated on a five point scale (1= well below average; 5 = well above average). Psychometric assessment demonstrated that the five items loaded well onto one factor and had good internal consistency at both rounds. The final composite measure was therefore calculated by computing the mean value of all five items, shown in figure 6.7.

Figure 6.7: Performance scale

Relative to your colleagues, how would you rate yourself on the following?
a) Ability to get along with others
b) Quality of service provided to patients and others who you come into contact with
c) Ability to get the job done efficiently
d) Achievement of work goals
e) Overall performance

### 6.3.5 Attitudinal outcomes

#### Organizational commitment

The second attitudinal construct examined here, which has also received a large amount of attention in the literature, is organizational commitment. As noted by Meyer and Herscovitch (2001), one of the major contentions in the literature has been whether commitment is a uni-dimensional or a multi-dimensional construct. Of those who have described organizational commitment in general terms, the most often cited definition described the construct as “the relative strength of an individual's identification with and involvement in a particular organization” (Mowday, Steers and Porter, 1979, p. 226). Probably the most often used measure of organizational commitment in recent times was developed by Meyer and Allen

(1997). The measure contains three factors: affective commitment, normative commitment and continuance commitment. The evidence has generally supported this three factor structure (Meyer and Herscovitch, 2001), whilst the use of the instrument in survey research has provided good evidence for its psychometric properties (Fields, 2002). The affective commitment scale is, however, often used alone, and a short four item version of the scale has been developed and used successfully elsewhere (Guest, Clinton and James, 2007; Heffner and Gade, 2003). Other scales have also been developed to measure commitment, with the Organizational Commitment Questionnaire (OCQ, Mowday et al., 1979) and Cook and Wall's (1980) organizational commitment measure both well-validated and well-used in the literature. Unfortunately, they are also rather long. For these reasons, the short version of Meyer and Allen's (1997) Affective Commitment Scale used by Guest et al. (2007) was used here to assess organizational commitment. Each item is scored on a five point likert scale (1 = strongly disagree, 5 = strongly agree). The four items (shown in figure 6.8) produced excellent internal reliability and loaded onto one factor, and were therefore each included in the final analysis.

Figure 6.8: Organizational commitment scale

Please state to what extent you agree with the following statements:

- a) I feel like part of the family at [my organization]
- b) I feel emotionally attached to [my organization]
- c) [My organization] has a great deal of personal meaning for me
- d) I feel a strong sense of belonging to [my organization]

### Intention to leave

Intention to leave the organization refers to an 'individual's own estimated probability (subjective) that they are permanently leaving the organization at some point in the near future' (Vandenberg and Nelson, 1999, p. 1315) and is the strongest single predictor of actual turnover behaviour (Griffeth, Hom and Gaertner, 2000). A large number of instruments have been successfully applied to the measurement of intention to leave, several of which are short enough to be included here without substantial reworking (e.g. Cohen, 1998; Meyer, Allen and Smith, 1993; Taris, Feij and van Vianen, 2005; Jaros, 1997). Of these, some were deemed inappropriate

because of either doubts around psychometric properties or because the items did not appear suitable at face value for use in a hospital context. The most suitable measure was that of Price (1972), due to its good reported reliability over a number of years, small number of items and relative ease of adaptation to a hospital context. Each of the three items was answered on a five point likert scale ranging from “strongly disagree” to “strongly agree”. The three item scale produced good internal consistency and loaded onto one factor at both rounds. The final composite measures were therefore calculated as a mean of these three items, shown in figure 6.9.

Figure 6.9: Intention to leave scale

Please state to what extent you agree with the following statements:
a) At the moment, I would like to stay with [my organization] for as long as possible
b) These days, I often feel like leaving [my organization]
c) If I could, I would leave [my organization] today

### 6.3.6 Measures of well-being

#### Job satisfaction

As one of the most widely studied concepts in organization psychology, a large number of scales have been developed to measure job satisfaction. These can generally be divided into either facet scales, which contain items relating to separate aspects of work (e.g. the Job Descriptive Index of Smith, Kendall, and Hulin, 1969) or facet-free scales, which measure global satisfaction with the job (e.g. Hackman and Oldman, 1975). Facet scales of job satisfaction are of use when the object is to examine particular aspects of an individual’s job satisfaction (Guest et al., 2007) and tend to be longer instruments. However, the aim here was not to measure individual facets of satisfaction, whilst there was an emphasis on brevity in the questionnaire. For this reason, a facet free global measure of job satisfaction was selected for use in the study. The instrument selected for use here is based on the three item scale developed by Cammann, Fichman, Jenkins, and Klesh (1979). Fields (2002) reported that this measure had produced acceptable levels of internal reliability and discriminant validity, whilst an additional item was added to the scale by Guest et al., (2007). This four item scale was used here. Participants rated each item on a five

point scale (1 = strongly disagree; 5 = strongly agree). The four items loaded onto one factor and demonstrated excellent internal consistency at both rounds. All four items were therefore used in the final analysis, as shown in figure 6.10.

Figure 6.10: Job satisfaction scale

Please state to what extent you agree with the following statements:
a) Overall, I enjoy my current work
b) All in all, I am satisfied with my current job
c) In general, I like working here
d) In general, I don't like my current job

### Workplace stress

Workplace stress can be defined as the “harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or need of the worker” (Sauter, Murphy, and Hurrell, 1990, p. 1151). The type of stress of interest here relates to the outcomes of stress at work rather than the antecedents, and a large number of instruments have been developed to capture these responses. In the interests of pragmatism, the decision was taken to use a short, general stress scale. Of the scales which have been developed previously, several were discounted due to either being more suited to a commercial context (House and Rizzo, 1972) or being rather too long (Parker and Decotiis, 1983). The scale chosen for use in the initial questionnaire was developed by Guest and colleagues (2001). The scale is short at three items, and the authors reported an alpha reliability coefficient of 0.91. Additionally, the scale was developed in a UK healthcare context with staff who were relatively new to their jobs, so it should translate to the current context with relative ease. Each item was scored on a five point likert scale (1 = strongly disagree; 5 = strongly agree). The three item scale produced good internal consistency, and the items loaded onto one factor at both survey rounds. The mean of all three items, shown in figure 6.11, was therefore used to calculate the composite score.

Figure 6.11: Workplace stress scale

Please state to what extent you agree with the following statements:
a) I worry a lot about my work outside of working hours
b) My job is very stressful
c) I often feel under excessive stress at work

### 6.3.7 Contextual indicators of quality

Three contextual indicators of quality were used in the analyses as intervening variables: perceived team quality, perceived previous organizational quality and perceived ability to deliver quality. The measures of perceived team quality and previous organizational quality were adapted from the quality subscale of Patterson et al.'s (2005) Organizational Climate Measure, several aspects of which have been used in various studies elsewhere (e.g. Dawson, González-Romá, Davis and West, 2008). The quality subscale contains four items examining “the emphasis given to quality procedures” in the current organization. The original authors established factorial distinctiveness and internal reliability for the subscale, as well as evidence of concurrent, predictive and discriminant validity. In line with the hypotheses, the purpose of using this scale was to examine current team (rather than organizational) quality. Hence, for the measure of current team quality, the items were altered slightly. In order to examine previous organizational quality, the scale was again altered so that the questions focussed on the previous organization rather than the current organization. Finally, the measure of perceived ability to deliver quality was based on a measure used in the National Survey of NHS staff (Care Quality Commission, 2010). Three items were used in total, designed to assess the employee's confidence that they are able to deliver the level of quality at work to which they aspire.

Ability to deliver quality was assessed at all three rounds, whilst current team quality was assessed at rounds two and three only. Previous quality was assessed at round one only. Factor analysis revealed that each construct formed the expected one factor solution at each of the rounds at which it was measured, whilst internal reliability coefficients were all at acceptable levels and the measures produced some variance. Therefore, all of the items, shown in figure 6.12, were used to compute mean composite scores for the three scales.

Figure 6.12: Previous organizational quality, ability to deliver quality and team quality scales

Please state to what extent you agree with the following statements:
<u>Previous organizational quality</u>
a) My last organization was always looking to achieve the highest standards of quality
b) Quality was taken very seriously in my last organization
c) My last organization did not have much of a reputation for high quality
d) People believed that success depended on high quality work in my last organization
<u>Ability to deliver quality</u>
a) I am able to deliver the quality of service I aspire to
b) I am satisfied with the quality of service I provide to patients / service users
c) I am able to do my job to a standard that I am personally pleased with
<u>Team quality</u>
a) My team is always looking to achieve the highest standards of quality
b) Quality is taken very seriously in my team
c) My team does not have much of a reputation for high quality
d) People believe my team's success depends on high quality work

### 6.3.8 Background and demographic items

A variety of demographic data were collected to provide descriptive information about the sample and to use as control variables in the analyses. In particular, information was collected on each newcomer's age, gender, ethnicity, current post, occupation immediately prior to joining the organization and highest qualification. In order to save questionnaire space, participants provided free text responses regarding their age, current post and previous occupation. The remaining variables were assessed through the use of forced choice items. The demographic characteristics of the sample were shown earlier in table 6.3.

### 6.3.9 Discriminant analysis

Five sets of discriminant factor analysis were undertaken to assess whether similar scales were significantly distinct. The first examined pre-entry interaction, inquiry and organizational efforts; the second examined service quality focus, performance and knowledge; the third examined job satisfaction and stress; the fourth examined intention to leave and commitment; the fifth examined previous quality, team quality

and ability to deliver quality. The findings of the analyses (shown in appendix four) confirm that all scales were significantly distinct for use in the analysis.

#### **6.4 Data Analysis**

Initially, it was envisaged that the data would be analyzed using structural equation modelling (SEM). In the event, it became clear that this would not be possible due to the low number of responses at time three. One commonly cited rule of thumb is that a dataset must contain at least ten to twenty times as many observations as variables (Nunnally, 1967) in order to run a robust SEM. More recent theory-based examinations of the sample size issue have revealed that sample size requirements may in fact grow as models become more complex, and that a majority of published SEM studies use sample sizes which are too small and, therefore, present underpowered models (Westland, 2010). The models described in chapter four contain a large number of variables, particularly in terms of outcomes. They are also complicated by the fact that each model is assessed across two time points and therefore requires analysis using cross-lagged methods. For these reasons, SEM was not used in the analysis of collected data. Instead, data were analyzed through the use of multiple linear regression analyses. The maximum number of predictors in the regression models examining time three data was seven. A sample size calculation was undertaken using the method of Soper (2012). This indicated that to detect a medium effect ( $r^2=0.2$ ) with 95% confidence and 80% power, a minimum sample size of 79 individuals would be required. The time three dataset contained 97 individuals. Hence, although being at the lower bounds of acceptability, the sample size was adequate to conduct the analysis. Due to the limited sample size and the expectation that explained variance may be rather small, statistical tests are examined at the 10% confidence level where a null finding is initially found.

The two models upon which the research is based were examined by testing the hypotheses set out in the chapter four. The methods used to test each hypothesis are described in the analysis section. Here, there are several important points to be made regarding the overarching methods. First, the analysis used to examine the models is undertaken in five steps. Three relate to Model One. The first step examines the predictors of perceived organizational promises, the second examines the outcomes of information acquisition via the mediating role of perceived organizational promises, and the third examines the hypothesised moderators of these outcomes.



Turning to Model Two, the first step involves examination of the role of socialization knowledge in employee outcomes via the mediating role of psychological contract evaluations, whilst the second examines the moderators of these outcomes. A second important point to be made here is that the majority of the analyses examine change over time. An example of this is the regression model testing the pathways in Model One between information acquisition and perceived organizational promises. Change is examined across two time points using the methodology described by Cohen, Cohen, West and Aiken (2003). In particular, this involves cross-lagged analyses of the independent and dependent variables, such that the time two values of the dependent variables are regressed on the time two value of the independent variable whilst controlling for the time one value of both variables.

A further important point is that several of the analyses are mediation models. The approach used here follows that of Baron and Kenny (1986) and Preacher and Hayes (2004). In the event that a statistically significant indirect effect is found, a bootstrapping procedure is conducted to examine whether the indirect effect is significantly different to zero. In each case, 95% bias-corrected and confidence intervals were computed for the indirect effects using 5000 bootstrap samples. All statistical analysis was undertaken using SPSS version 19 for windows. Mediation modelling was undertaken using the “INDIRECT” macro for SPSS described in Preacher and Hayes (2008).

## **6.5 Summary of chapter six**

The purpose of this chapter was to provide an overview of the methodology used in the quantitative phase of the research. The key issue regarding the study design is that three time points were used to collect data from study participants: at entry, at three months and at one year. These time points aim to reflect the three generally agreed upon stages of socialization. Participants were recruited into the study via a corporate induction session and followed up via email, post and telephone. The final usable sample at time one totalled 345 individuals, which dropped to 161 at time two and 97 at time three. Although response and attrition rates did not compare favourably with other studies, the figures are not disappointing for research conducted in the NHS. The demographic characteristics of the sample were also broadly in line with those which might be expected from a London hospital, with the

majority of participants working full time hours, being from Black, Asian or Minority Ethnic backgrounds and being female.

In terms of scale development, the constructs which required the most work were those relating to perceived employer promises, perceived psychological contract fulfilment and information acquisition. Facet measures were designed to examine the psychological contract measures, through both pilot interviews and the use of earlier scales, and pilot tested with a group of organizational insiders. The other sets of measures described here related to socialization knowledge, attitudes, well-being, service quality and contextual indicators of quality. All were based at least in part on previous scales with sound psychometric properties, and all demonstrated statistical reliability and validity which was, at worst, adequate. In the final section of the chapter, the methods of analysis were briefly described. Here, the key point is that path analysis techniques were not viable due to the low number of participants and the longitudinal nature of the data. However, a sample size calculation revealed that regression techniques could be performed.

## Chapter 7

### Qualitative Methodology

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The qualitative phase of the research had two broad aims. The first was to inform the quantitative analysis by further explaining the emergent findings. The second was to explore research question three, relating to the role of psychological contract fulfilment and violation in organizational socialization. In particular, the study sought to examine the role of these constructs as “turning points“, by examining their causes and consequences, and by isolating any particular circumstances under which they occurred. This part of the research was primarily exploratory in nature and utilized a longitudinal qualitative design featuring a maximum of five waves of data collection for each individual in the study. The chapter is split into three sections. The first provides information on the design of the study and the sample, the second provides information on the content of the interviews, and the third describes the theoretical approach to data analysis.

#### 7.1 Design and data collection methods

##### 7.1.1 Ethical approval

Consultation of the relevant guidelines (National Patient Safety Agency, 2006), revealed that the qualitative phase of the study could potentially be classified as “service evaluation” rather than research, and would therefore be unlikely to require formal ethical consideration by a National Health Service (NHS) research ethics committee. A protocol was sent to the local NHS research ethics committee, who confirmed that full review was not required on January 26<sup>th</sup> 2010. Ethical approval was therefore instead sought from the Education and Management Research Ethics Committee at King’s College London. Approval was granted on February 8<sup>th</sup> 2010 (ref: EM/09/10-31).

##### 7.1.2 Study design

Chapter five described the rationale for the overarching study design used in the thesis and explained the reasoning behind the decision to follow up study participants

over a period of one year. As with the quantitative part of the study, the next major decision to be made related to the number of times each individual was to be followed up within the one year period. This decision was made on the basis of both theoretical and practical factors. Turning first to theoretical concerns, an aim of the study was to examine the role of turning points during organizational socialization. Whilst there is little theory or research on this subject in the area of organizational socialization, literature from other areas suggests that this type of event may potentially occur with relative frequency, for example in the form of psychological contract breach (Robinson and Rousseau, 1994) or shock events described in the unfolding model of voluntary turnover (Lee et al., 1999). In order to usefully capture these events, therefore, it was necessary to follow-up participants relatively often.

In terms of existing research, to date there have been no studies in the socialization literature which have used a qualitative design similar to the approach used here. A related study by Guest et al. (2001) examined the development of attitudes in nursing staff who were relative newcomers to their posts, collecting data approximately bi-weekly. However, the overall timeline of that study was considerably shorter than the current study, with a maximum follow-up of approximately three months. Moreover, as described in chapter six, selection of the follow-up points for socialization studies has been a somewhat troubling issue for researchers, although the most often used pattern has followed up newcomers at three months intervals during their first year of work (e.g. De Vos and Freese 2011), with a slightly earlier first follow-up point to reflect the particularly influential nature of the first few weeks in the organization.

In practical terms, it was also necessary to select a schedule which allowed sufficient time to conduct the required interviews, particularly given that both this component of the research and the quantitative component were being conducted concurrently by a single researcher. In order to strike a balance between this practical constraint and the theoretical and methodological issues described in the previous paragraph, it was decided that a maximum of five interviews would be conducted per participant. The first interview would be an initial interview at day one, which would be followed by a second interview at approximately ten weeks' service. The remaining three interviews were then equally spaced throughout the first year of service, and were conducted at six months, nine months and twelve months.

### 7.1.3 Recruitment of study participants

Participants were recruited into the study through a face-to-face invitation by the researcher on their first day of work. All new members of staff in the host organization are instructed to report to the human resources department on their first Monday in the organization to resolve any administration issues. This is done through a weekly meeting known as a “sign in session”. Research access to the newcomers attending these sessions was negotiated with the human resources team. All newcomers who were happy to take part signed a consent form and undertook a short initial interview with the researcher. These individuals were also asked to leave their contact details for follow-up at a later time.

The study aimed to recruit 30 individuals who would each be followed up for twelve months. The researcher attended eight separate sessions during the period February 2010 to July 2010. Initially, thirty participants were recruited from six sessions during February, March and April 2010. However, at the first follow-up point ten weeks later, it became apparent that a number of these individuals would take no further part. Some were excluded because of previous experience with the organization, whilst others could not be contacted. Therefore, attendance at an additional two sessions during July 2010 was negotiated, and a further 11 participants were recruited. Details of each of the recruitment sessions are shown in table 7.1. No newcomers declined to participate or refused to leave contact details during recruitment.

Table 7.1: Participants recruited at each sign-in session

Cohort	Date	Participants Recruited
1	08/02/2010	9
2	15/02/2010	6
3	22/02/2010	1
4	01/03/2010	6
5	22/03/2010	5
6	12/04/2010	3
7	05/07/2010	5
8	12/07/2010	6
All cohorts		41

#### 7.1.4 Study inclusion and exclusion criteria

There were two primary inclusion criteria for participation in the overarching study. The first of these was that individuals were joining a post outside the medical and dental directorate. As such, sign in sessions for medical and dental professional staff were not attended by the researcher. The second was that staff were entering employment into the organization from elsewhere; staff who were attending a sign-in session as part of the transition from a temporary to a permanent contract were therefore excluded. Individuals who could not be contacted at the first follow-up point (after ten weeks) were immediately excluded from the study. At subsequent rounds, individuals who could not be contacted were coded as having skipped that particular interview, with further attempts then made to contact them at the next follow-up point.

#### 7.1.5 Follow-up methods

Follow-up interviews were conducted at approximately ten weeks, six months, nine months and twelve months post-entry. All follow-up interviews were conducted over the telephone. It should be acknowledged that there are disadvantages of this method when compared to face-to-face interviews, particularly relating to the more personal nature of the latter method as well as its potential for examining non-verbal communication. In the context of the current study, however, telephone interviews provided substantial advantages. First, the decision to interview 30 participants up to five times each meant potentially conducting 150 interviews over the course of the year. Since the timing of interviews was staggered and most participants were working on clinical shift patterns in different areas of the hospital, telephone interviews presented a far more practical option in terms of researcher time. Second, conducting interviews over the telephone provided the busy participants with the flexibility to arrange a time and location of their choice for the interview, minimizing the extent to which their work was disrupted. Third, the telephone method meant that participants were able to conduct interviews away from their place of work, potentially minimizing social desirability bias in the data collection process. All follow-up interviews were digitally recorded.

#### 7.1.6 The sample

The total sample consisted of 41 individuals who provided signed consent to participate and underwent an initial interview at day one. Of the 41 individuals who were initially recruited, nine could not be contacted at ten weeks, and four were excluded because it emerged during the initial interview that they were already working in the organization. Thus, the total usable sample was 28 individuals. Of the usable sample of 28 individuals, 17 completed the study, 15 with data at all rounds and two with a round skipped each. Additionally, three individuals voluntarily left the study for personal reasons and eight individuals left the organization during the course of the study. A total of 127 interviews were conducted across all survey rounds.

Table 7.2 shows the demographic characteristics of the final sample, whilst table 7.3 shows the journey through the study for all recruited individuals. The data detailed in table 7.2 shows that the demographic makeup of the sample is fairly similar to the survey study sample, with just over half of the participants entering nursing or midwifery posts, around half being from Black, Asian or Minority Ethnic (BAME) backgrounds, and a large majority being female. As described in chapter six, the figures are also fairly representative of the demographic makeup of both the organization and the NHS as a whole, with the exception that the host organization employs a greater proportion of BAME individuals and younger people than the NHS in general due to its London location.

Table 7.2: Sample demographics

Occupation n (%)		Ethnicity n (%)	
Health care assistant	1 (3.6)	White other	5 (23.8)
Nurse	13 (46.4)	White British	8 (38.1)
Radiographer	3 (10.7)	Mixed	1 (4.8)
Embryologist	1 (3.6)	Other Asian	2 (9.5)
Physiotherapist	2 (7.1)	Asian British	2 (9.5)
Occupational therapist	1 (3.6)	Other	1 (4.8)
Midwife	1 (3.6)	Chinese	1 (4.8)
Admin / clerical	3 (10.7)	Black British	1 (4.8)
Scientist	3 (10.7)		
Gender n (%)		Age	
Male	8 (28.6)	Mean	31
Female	20 (71.4)	Range	23-44



Table 7.3: All recruited study participants

ID	Occupation	Recruited	Day 1	Week 10	6m	9m	12m
1	IT support	Feb 2010	✓	Excluded			
2	IT support	Feb 2010	✓	Excluded			
3	Radiographer	Feb 2010	✓	✓	✓	✓	✓
4	Radiographer	Feb 2010	✓	✓	✓	✓	✓
5	Nurse	Feb 2010	✓	✓	✓	Skipped	✓
6	Nurse	Feb 2010	✓	✓	✓	✓	✓
7	Radiographer	Feb 2010	✓	✓	✓	✓	✓
8	Ward Clerk	Feb 2010	✓	✓	✓	✓	✓
9	Maintenance support	Feb 2011	✓	Excluded			
10	Nurse	Feb 2010	✓	✓	✓	✓	✓
11	Nurse	Feb 2010	✓	Dropout			
12	Nurse	Feb 2010	✓	✓	Dropout		
13	Nurse	Feb 2010	✓	Dropout			
14	Nurse	Feb 2010	✓	✓	✓	✓	✓
15	Nurse	Feb 2010	✓	Dropout			
16	Physiotherapist	Feb 2010	✓	✓	✓	✓	✓
17	Nurse	Mar 2010	✓	Dropout			
18	Medial secretary	Mar 2010	✓	✓	✓	✓	✓
19	Nurse	Mar 2010	✓	✓	Dropout		
20	Receptionist	Mar 2010	✓	Dropout			
21	Nurse	Mar 2010	✓	✓	✓	✓	Left
22	Occupational therapist	Mar 2010	✓	✓	✓	✓	Left
23	Physiotherapist	Mar 2010	✓	✓	✓	Skipped	✓
24	Nurse	Mar 2010	✓	✓	✓	✓	✓
25	Nurse	Mar 2010	✓	Dropout			
26	Customer Care Officer	Mar 2010	✓	✓	✓	✓	Left
27	Nurse	Mar 2010	✓	Dropout			
28	Nurse	Apr 2010	✓	✓	Left		
29	Receptionist	Apr 2010	✓	Dropout			
30	Nurse	Apr 2010	✓	✓	✓	✓	✓
31	Health Care Assistant	July 2010	✓	✓	✓	✓	✓
32	Occupational Therapist	July 2010	✓	Dropout			
33	Midwife	July 2010	✓	✓	✓	✓	✓
34	Embryologist	July 2010	✓	✓	✓	✓	✓
35	Technician	July 2010	✓	✓	✓	Left	
36	Nurse	July 2010	✓	✓	Left		
37	Nurse	July 2010	✓	✓	Dropout		
38	Technician	July 2010	✓	✓	✓	Left	
39	Technician	July 2010	✓	✓	✓	✓	Left
40	Technician	July 2010	✓	Excluded			
41	Nurse	July 2010	✓	✓	✓	✓	✓

✓ - Interview completed; Dropout - withdrew for personal reasons; Left - exited the organization

## 7.2 Interviews

All interviews were relatively brief and tightly focussed, lasting between ten and thirty minutes. Short interviews were initially used in order to fit in with the busy schedules of many of the staff involved the research, and it became apparent after the first few interviews that this time frame was sufficient to obtain the required information. Additionally, to ensure that this was the case, participants were asked at the end of each interview if there was any other important information relating to their time with the organization that they would like recount. All interview schedules were developed prior to the commencement of the research and refined during the process. The ten week, six month and nine month interviews were broadly similar, whilst the day one and twelve month interviews were designed, respectively, to gather baseline data and to review the first twelve months of service. The structure of the interviews undertaken at each follow-up point is described below, and the interview topic guides used for data collection are shown in appendix five.

### 7.2.1 Day one interviews

The interview conducted at day one held several purposes. First, and as recommended in by methodological experts in the area (e.g. Saldaña, 2003), this interview sought to provide baseline data against which any future changes could be judged. Participants were therefore asked a series of questions relating to their beliefs about their new organization and their expectations for their future within it. In particular, participants were asked why they had chosen to join the organization and their current understanding of the standards of quality it provided. Participants were also asked about their general expectations regarding their new post and the support they expected to receive when they began working. Background and demographic information was also obtained from participants during this interview. Additionally, the day one interview provided the opportunity for the researcher to begin to form a rapport with participants. The interview was therefore kept as informal as possible, and care was taken to explain that the researcher was not a member of hospital staff and could be trusted with confidential information relating to participants' working lives.

### 7.2.2 Ten week, six month and nine month interviews

The ten week, six month and nine month interviews were used to assess ongoing participant attitudes during the socialization process and information relating to the perceived state of their relationship with the organization. Since a primary aim of the research was to examine differences across time, a number of the questions were repeated across the different follow-up points; this method is recommended by Saldaña (2003) amongst others. Each interview began with an initial question regarding how the participant had been feeling about their work, in general terms, since the last interview. This was followed up with questions relating to how far this experience was in line with participants' expectations at day one, their perceptions of the quality of support which had been provided and the extent to which participants felt they had learnt about providing high quality in their role. The ten week and six month interviews additionally included a question relating to participants' impressions of the standard of service quality at their new organization and how far this measured up to both their expectations and their previous experience. From the six month interview onwards participants were also asked a question relating to the extent to which they felt integrated into their role, their team and the organization as a whole.

The interviews also contained a series of questions which were designed to assess participants' perceptions of the state of their employment relationship with the organization and, more specifically, the occurrence of any turning points (primarily in the form of breach/violation or fulfilment of the psychological contract). First, participants were asked about the extent to which they felt that they had been treated fairly while working at their organization; second, they were asked the extent to which they felt managers kept their promises and obligations. Participants who revealed issues with either of these topics were then probed further to ascertain the exact nature of the issue and, in particular, if they had experienced a turning point.

Participants were additionally probed for turning points using a qualitative design adapted from a previous study conducted by Guest et al. (2001), which examined the development of workplace attitudes in newly appointed nurse consultants using an approach which was loosely based on the critical incident technique (Flanagan, 1954). The critical incident technique was initially developed as a job analysis

methodology for use in the aviation industry, and has since been used in a variety of research contexts including studies in the areas of organizational psychology and healthcare quality (Kemppainen, 2000). The technique is relatively flexible, but in general aims to collect “direct observations of human behaviour in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles” (Flanagan, 1954, p. 327). Flanagan defined an incident as “any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act”, whilst a critical incident must “occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects” (*ibid*). The technique, in modified form, is therefore an appropriate methodology for collecting data on the discrete turning points which this research sought to examine. The technique as described by Flanagan, and applied by countless researchers since, broadly involves asking participants to focus on a particular incident, which is then probed by the researcher to obtain more information on the events that surround it. The approach used successfully by Guest and colleagues (2001), and repeated here, involved asking participants to recount an incident that related specifically to a particularly negative event at work and a particularly positive event at work. Each participant was asked to briefly describe these events and, in each case, aspects of the event were further probed by the researcher. In particular, the researcher sought to obtain participants’ perceptions of the causes and consequences of the event and any influential contextual or intervening factors, be they helpful or unhelpful. The purpose of these questions was to elicit information relating to turning points in the form of psychological contract breach or fulfilment. At each interview, participants were additionally asked about the positive and negative events that they had identified in their previous interview.

### 7.2.3 Twelve month interviews

The final twelve month interview was a slightly modified version of earlier interviews. There were two primary differences between the twelve month interview and earlier follow-ups. First, as recommended by Saldaña (2003), participants were encouraged to review their attitudes and experience during the entire twelve months

they had been involved in the study. They were therefore asked about their views over the course of the year regarding support, workload, stress, general satisfaction and any problems they had encountered. Additionally, participants were asked about the extent to which they felt integrated and, if applicable, the specific point in time at which they began to feel this way. Other questions from previous rounds were repeated but with an emphasis on the entire year of service rather than the time since the last contact. The second major difference between the twelve month interview and earlier follow-ups related to the critical incidents described by participants. At twelve months, participants tended to discuss major achievements and problems without being asked specifically. The opportunity was therefore taken to use these questions to obtain data relating specifically to incidents of high or low quality of patient care that had occurred during the previous year. The rationale behind this decision was that, in line with the study aims, it was necessary to collect more data on the types of events during socialization which may lead up to the provision of high or low quality care.

#### 7.2.4 Exit interviews

At all rounds, effort was made to follow-up any participants who had left the organization since their previous interview. Leavers underwent the standard interview for the appropriate follow-up round, and were also asked to review their progress over the course of their employment. Additionally, participants were asked about the specific reasons why they had chosen to leave the organization. Exit interviews were also undertaken with any individuals who indicated that they were in their notice period and would be leaving the organization prior to the next scheduled follow-up point. In total, eight exit interviews were undertaken.

### 7.3 **Analysis**

#### 7.3.1 Theoretical perspectives on the analysis of longitudinal qualitative data

Longitudinal qualitative research has been defined as “a range of mainly in-depth interview-based studies which involve returning to interviewees to measure and explore changes which occur over time and the processes associated with these changes” (Farrall, 2006, p. 2). Longitudinal qualitative studies therefore represent an approach which is distinct from other qualitative methodologies, such as

ethnography, which are by nature conducted over some period of time. Somewhat surprisingly, the systematic use of qualitative longitudinal methods is a relatively recent innovation in many areas of the social sciences, even those where longitudinal quantitative methods have been commonplace for some time (Holland, Thomson and Henderson, 2004; Farrall 2006). Much of the methodological literature around such approaches comes from the social policy arena regarding the analysis of the impact of some kind of intervention (for a review see Corden and Millar, 2007), and little guidance therefore exists on how to conduct studies which involve the use of repeated interviews conducted over a number of months to assess ongoing participant attitudes.

A notable exception to this lack of guidance for longitudinal qualitative research is provided by Saldaña (2003), who takes a systematic approach to the analysis of this type of data. Saldaña draws in part on the methods proposed in the classic methodological texts of Strauss and Corbin (1990) and Miles and Huberman (1994). Strauss and Corbin's text builds on Glaser and Strauss's (1967) description of grounded theory, a specific methodology "for the purpose of building theory from data" (Corbin and Strauss, 2008, p. 1), by attempting to "formalize" the methods whilst still retaining the inductive nature of the approach. A key element of their perspective is that research should begin with "a broad question and often no predefined concepts", because concepts should be "identified in and constructed from the data" (p. 21). Analysis itself should begin with open coding, where data are thematically analyzed line by line for emerging concepts, followed by axial coding, where related concepts are drawn together with the aim of developing higher level categories. Other key elements of the process are memo making, whereby the analyst keeps a record of their thoughts throughout analysis, theoretical sampling, whereby sampling is driven by emergent findings, and constant comparison, whereby themes and incidents in the data are compared during the analysis process to aid theory generation. By contrast, Miles and Huberman's (1994) approach to qualitative data analysis is less inductive. In particular, Miles and Huberman believe that analysis should begin with a preliminary list of thematic codes that are drawn from the theory and research questions which lie behind the data. These are then applied to the dataset, expanded upon and grouped into higher level "pattern codes". Key to Miles and Huberman's approach are three concurrent activities: "data reduction" involves

the coding and grouping of data and the making of memos, “data display” involves summarizing emergent themes and findings in graphical form and “conclusions drawing and verification” involves ascribing meaning to emergent findings.

Saldaña’s (2003) contribution is to provide a framework through which longitudinal researchers can apply these methods of analysis to their data, achieved through a list of sixteen “questions” which longitudinal qualitative analysts should ask during data analysis. These questions are split into the three groups of “framing” questions, “descriptive” questions and “analytic/interpretive” questions. The five framing questions, which are designed to weave through all phases of data collection and analysis, suggest that the analyst should examine: 1) difference from each pond and pool of data to the next; 2) when changes occur through time; 3) the contextual and intervening conditions which influence these changes through time; 4) the dynamics of such changes; 5) the preliminary assertions that can be made about data as coding is ongoing. The seven descriptive questions are intended as a bridge between the framing questions and later interpretive process. Here, analysts should pay attention to: 1) what increases or emerges through time; 2) what is cumulative through time; 3) surges or epiphanies which occur through time; 4) what decreases or ceases through time; 5) what is constant through time; 6) what is idiosyncratic through time; 7) what is missing through time. Finally, the four analytic and interpretive questions are designed to yield interpretive insights from the previous two sets of questions. In particular, analysis should examine: 1) the interrelationships between changes through time; 2) how changes oppose or harmonize with other social process through time; 3) the rhythms of change through time; 4) any emergent through line in the study.

Saldaña is relatively open about whether analysts should take a more inductive approach, such as that of Strauss and Corbin (1990), or a more structured approach, such as that Miles and Huberman (1994). In fact, components of each of these perspectives are recommended as a useful way of organizing and thinking about the analysis. First, Saldaña draws attention to Strauss and Corbin’s concept of “process”, which they define as the “flow of action, interaction/emotion that occurs in response to events, situations or problems” (2008 p. 87). In particular, the authors suggest that analysts look for patterns of ongoing action, interaction or emotion which might help

explain themes in the data. Second, Saldaña recommends the use of quantitative methods for the organization of qualitative data, as described by Miles and Huberman (1994), particularly in the early stages of data analysis where the analyst may be confronted by an overwhelming array of data. In particular, Miles and Huberman's "time ordered matrices", whereby tables are created which display particular themes by the time at which they occurred, are recommended.

### 7.3.2 Method of analysis

The method of analysis chosen for use in the current study was based largely on Saldaña (2003), drawing in elements of the methodological approaches of both Strauss and Corbin (1990) and Miles and Huberman (1994). First, all interviews were transcribed and combined into one transcript per individual, with markers applied to the text to denote the point at which each individual follow-up interview began. Since the research was based to an extent on an underlying theoretical framework, the approach of Miles and Huberman (1994) was adopted for thematic coding of the data. A preliminary set of codes was developed prior to the analysis, drawing both on the questions asked by the researcher and the underlying theory described in chapter four. Detailed thematic coding of the data was then conducted using NVivo version 8 software. The data were first coded on a within participant, case-by-case basis. Following this, a second round of coding was undertaken, for each round, on a between participant basis. This initial coding process led to the development and refinement of lower level codes, which were then expanded and grouped into higher order "pattern codes". Analysis was also aided at this stage through the use of Miles and Huberman's (1994) time ordered matrices. Initially this involved the development of a matrix which detailed the journey through which each participant passed, with one entry for each time point. Later, separate matrices were devised for individual codes. A particularly useful aspect of this process was the presentation of the percentage of individuals who had reported meaningful psychological contract-related events during the socialization process. The final phase of analysis involved drawing together lower order themes into interpretative statements, in line with Saldaña's "analytic questions" and Miles and Huberman's "conclusion drawing".



In order to aid the process of analysis, memos were made throughout coding in relation to the framing, descriptive and analytic questions of Saldaña (2003), as well as the account of “process” in qualitative data described by Strauss and Corbin (1990). Two of Saldaña’s questions were of particular relevance to the analysis of the data collected here. The first of these was the third descriptive question, relating to the role of “epiphanies” across time. Since this part of the research aimed to examine the occurrence of “turning points” in the socialization process, this question became a central feature of the analysis. The second important aspect of the analysis was Saldaña’s first framing question, relating to differences between pools and ponds of data across time. Since the study of socialization and the psychological contract is in many ways an individual process, each case was considered to be a separate “pond” of data. Thus, analysis sought always to examine difference across time not only within cases, but also between cases, both at each time point and across all time points. Transcripts were cross-coded by a second researcher to check for accuracy.

#### **7.4 Summary of this chapter**

The purpose of this chapter was to describe the rationale for the choice of study design and the methodology used to achieve the study aims. In order to examine the role of turning points in the socialization process, a longitudinal qualitative study design was selected, with data collected from participants a maximum of five times during their first twelve months of employment with one organization. After meeting participants face-to-face at day one, short and focussed follow-up interviews, which featured a variant on the critical incident technique, were conducted over the telephone to elicit specific data relating to turning points during socialization as well as more general workplace attitudes. The final sample consisted of 28 individuals, fifteen of whom provided data at all rounds. Collected data were then analyzed for emergent themes using a conceptual approach which was based on the methodological texts of Saldaña (2003), Miles and Huberman (1994) and Strauss and Corbin (1990). Chapters five, six and seven have now described the methodology for data collection and analysis used in both components of the mixed methods study. The following two chapters will present the findings of this analysis.

## Chapter 8

### Quantitative findings

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The purpose of this chapter is to present findings from the statistical analysis of data collected in the quantitative phase of this thesis. The conceptual model for analysis, described in chapter four, consists of two sub-models. The first of these, shown in figure 8.1, deals with the development of the psychological contract and the outcomes of this process during the anticipation and encounter phases. In particular, this model states that information acquisition which takes place during anticipation and encounter leads to the development of perceived employer promises, as newcomers learn about their new environments and the expectations which are formed during the very earliest stages of anticipation become encoded as promises. In turn, these perceived promises lead to better integration, reflected in more positive attitudes, better well-being and better performance.

The second sub-model, shown in figure 8.2, concerns the link between knowledge internalization, psychological contract evaluations and employee outcomes during the later stages of socialization. Here, evaluations of the deal become central in the link between knowledge and outcomes, because the perceived promises that make up the psychological contract are expected to become stable and resistant to change after encounter. The specific knowledge which newcomers gain about their new environments is hypothesised to lead to increased perceptions of fulfilment and decreased perceptions of violation during adjustment, because greater knowledge increases clarity in the employment relationship and reduces negative evaluations which arise from misunderstandings of the deal. Where fulfilment occurs, employee attitudes are expected to be maintained at their current level. Violation, by contrast, is viewed as a “shock” event which involves a deeper level sensemaking process and leads to a re-evaluation of the deal, with implications for attitudes, well-being and service quality.

As described in the methodology chapter, neither model was suitable for testing in one single path analysis. Instead, the individual pathways are examined using a series

of regression analyses. The chapter is split up into several sections which test groups of hypotheses individually. Prior to this, however, the first section of this chapter presents the descriptive analysis of the dataset. Sections three, four and five then examine Model One, whilst the next two sections, six and seven, deal with Model Two. Finally, the eighth section of this chapter draws together the findings from the each set of analyses and discusses their implications for the models.

Figure 8.1: Model One - the relationship between information acquisition, perceived employer promises and employee outcomes during anticipation and encounter

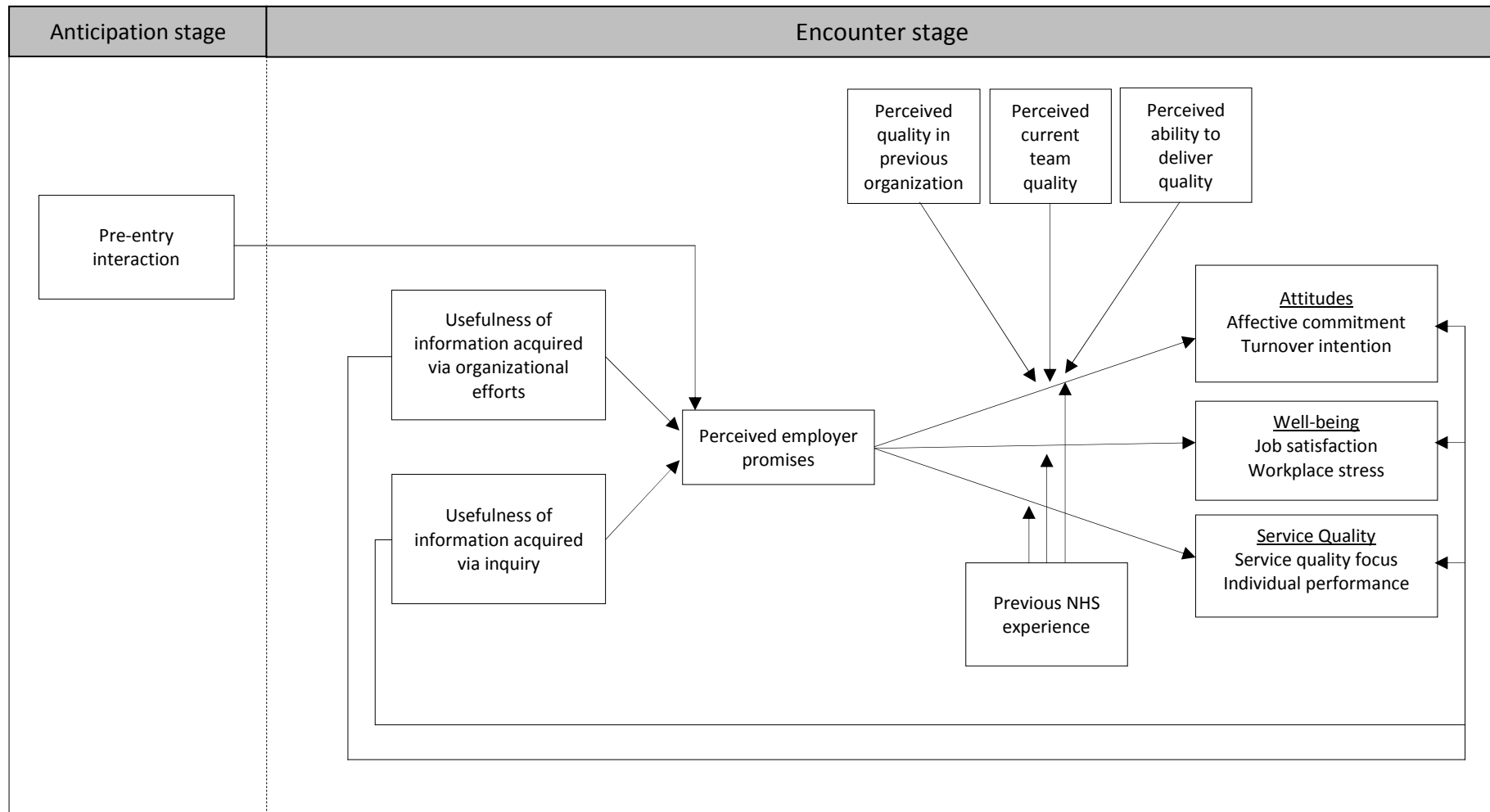
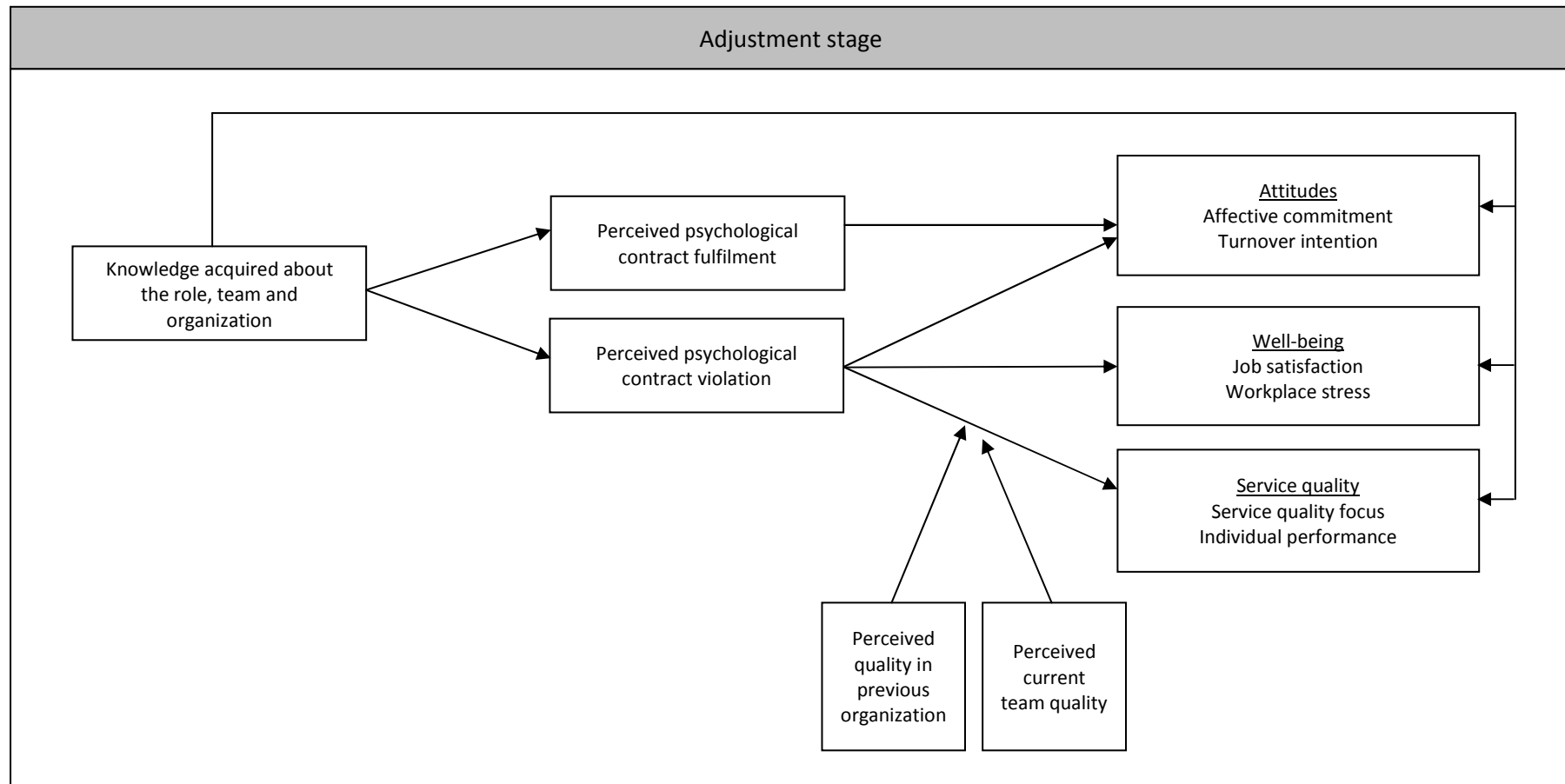


Figure 8.2: Model Two - the relationship between acquired knowledge, psychological contract evaluations and employee outcomes during adjustment



## 8.1 Descriptive statistics

### 8.1.1 Aggregate changes in variables across the study period

Table 8.1 shows mean levels of all of the study variables for each of the time points at which they were measured. Within subjects hypothesis testing was used for the comparison of each variable across rounds. For those variables measured at two rounds, t-tests were used for this purpose. For those measured at all three rounds, a general linear model technique was used, with differences across rounds assessed using post hoc t-tests with the Bonferroni method of correction for multiple comparisons. Both methods involve the listwise deletion of cases with missing data. Hence, the reported sample size is far greater for “pre-hire interaction”, which was measured only at time one, than for “knowledge”, which was measured at all three time points.

The general pattern which emerges from the analysis is that, in aggregate terms, participant responses become more negative over time. This is somewhat surprising given that employees might be expected to become more integrated over time, and that at least some of those who are less satisfied would be expected to exit the organization. Turning first to the measures of employee attitudes, affective commitment was significantly lower at both three months and twelve months than it was at entry, whilst intention to leave significantly increased between three months and twelve months. In terms of the indicators of well-being, there were no significant differences in levels of job satisfaction or stress across rounds. Again, this is somewhat surprising, because the earliest phases of socialization are often hypothesised to be accompanied by higher levels of stress as individuals struggle to make sense of their new environment. One possible explanation for this finding is that the stressful uncertainty which is experienced at entry is replaced by other sources of stress later; a second is that differences become more pronounced when the influence of information acquisition is taken into account, an issue that is examined later. Neither of the service quality outcomes showed any statistically significant changes across the follow-up rounds.

The analysis also revealed several statistically significant changes over time in the measures of the psychological contract. The perceived number of organizational

promises significantly decreased between round one and both of the subsequent rounds. Thus, on average, participants came to believe that their organization had made them fewer promises over time. This finding is contrary to some previous studies examining perceived organizational promises over time, which have found that newcomers' perceptions of organizational promises tend to increase in strength during their first year in a new post (Robinson et al., 1994; Thomas and Anderson, 1998), although other studies have shown that under certain circumstances, such as where psychological contract violation occurs, perceived obligations decrease during socialization (e.g. De Vos et al., 2003). Here, perceptions of psychological contract violation significantly increased between round two and three, which may explain the decrease in perceived promises. Participant responses to the information acquisition scales across the first two rounds of data collection yielded no significant differences. This is somewhat surprising since it is generally accepted that useful information acquisition decreases across time after entry, although the time frame used here is relatively short. Likewise, there was no significant within subjects difference across rounds in terms of levels of knowledge reported by participants, although there was a non-significant upwards trend in levels of this variable.

Table 8.1: Aggregate levels of study variable at each survey round

Variables		Round 1	Round 2	Round 3	Mean difference		
Communication	N	Mean (SD)	Mean (SD)	Mean (SD)	T1 - T2	T1 - T3	T2 - T3
Pre-hire interaction	457	3.17 (0.92)	--	--		--	--
Inquiry	137	3.77 (1.09)	3.85 (0.73)	--	0.08	--	--
Organizational efforts	137	4.08 (1.01)	3.90 (0.90)	--	-0.18	--	--
<b>Knowledge</b>							
Socialization knowledge	66	4.44 (0.50)	4.47 (0.48)	4.56 (0.46)	0.02	0.12	0.11
<b>Psychological contract</b>							
Perceived employer promises	72	16.31 (1.47)	15.00 (2.71)	14.61 (3.34)	-1.31***	-1.69***	-0.39
Perceived violation	71	--	1.70 (0.71)	1.90 (0.67)	--	--	0.20**
<b>Attitudes</b>							
Intention to leave	71	--	1.53 (0.80)	1.76 (1.12)	--	--	0.23*
Affective commitment	63	3.51 (0.83)	3.40 (0.85)	3.17 (0.94)	-0.11**	-0.34*	-0.23
<b>Well-being</b>							
Stress	61	2.57 (0.91)	2.69 (1.17)	2.54 (0.97)	0.11	-0.04	-0.15
Job satisfaction	71	--	4.38 (0.73)	4.31 (0.79)	--	--	-0.07
<b>Service quality</b>							
Performance	72		3.96 (0.5)	3.97 (0.51)	--	--	0.01
Service quality focus	50	4.20 (0.86)	4.23 (0.66)	4.25 (0.55)	0.03	0.05	0.02
Ability to deliver quality	62	4.24 (0.10)	4.20 (0.10)	4.12 (0.10)	-0.04	-0.12	-0.04
Team Quality	70	--	4.38 (0.57)	4.35 (0.60)	--	--	-0.02

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt; 0.001



### 8.1.2 Inter-correlations between variables

Table 8.2 shows inter-correlations between each of the study variables at each data collection round. The two sub-sections below describe the findings of this analysis, first with regard to the demographic variables and then with regard to the other study variables. The examination of correlations involving demographic variables was of particular importance because it informed the decision regarding which variables should be used as statistical controls for the later hypothesis testing.

#### Demographic and background variables

Data were collected on a number of background and demographic variables, several of which were included as control variables in the statistical analysis presented later. The first demographic variable to be used in this way was gender. As the correlation analysis detailed in table 8.2 shows, gender was significantly related to stress at time one and time three, intention to leave at time three and violation at time three. In particular, females reported more negative attitudes on these variables, all of which are important study outcomes. In order to remove the potential biasing effects of this variable, newcomer gender was entered into each analysis in order to statistically control for its effects.

The second demographic variable included as a control in each analysis was participant age. As table 8.2 shows, age was positively related to knowledge and commitment at time one. Importantly, age was also negatively related to perceived promises at time two and time three. This may indicate that older and more experienced staff interpret additional organizational promises in a different way to others, or simply that different numbers of promises are made to older individuals as they near the end of their careers. Additionally, it is generally accepted in the literature that age is positively related to various workplace attitudes such as job satisfaction (e.g. White and Spector, 1987). Since age was not central to the hypothesis described in chapter four, but may have had a significant bearing on outcomes, this variable was also entered into each analysis in order to statistically control for its influence. A variable representing levels of prior experience was also considered as a possible statistical control in the analysis, because prior experience may well have an impact on baseline levels of knowledge and psychological contract

perceptions. Ultimately, however, this variable was not included in the analysis as a statistical control. This decision was made for two reasons. First, age is correlated with previous experience, suggesting that age may act as a proxy variable for experience. Second, aspects of previous experience appear in Model One as moderators.

A third and final variable which was statistically controlled for in the analyses related to the degree of contact newcomers had with patients. Theoretically, the degree to which individuals interact with patients on a day-to-day basis could increase their exposure to various workplace stressors such as patient initiated aggression, decreasing attitudes and well-being. Indeed, the correlation analysis reveals that levels of patient contact was associated with greater stress at time one and worse performance at time three. Although participant occupational group may have provided a similar indicator of the degree of contact with various occupational stressors, the analysis revealed that occupational group was highly correlated with many other demographic variables, including gender and age. Patient contact rather than occupational group was therefore used as a control variable.

#### Independent, intervening and dependent variables

The first point of note with regard to correlations between the remaining study variables is that, within each round, many are significantly correlated with one another. At round one, for example, the attitude, well-being and performance measures are highly inter-correlated, such that more positive responses on one variable are associated with more positive responses on the second. This pattern of findings continues at the second and third rounds. An interesting exception is that the two measures of service quality, service quality focus and performance, remained uncorrelated throughout. A potential implication of this finding is that these two variables tap rather different aspects of service quality, perhaps implying that when individuals appraise their overall performance, service quality focus as assessed by the variable used here is not foremost in their minds. Within each round, the communication, psychological contract and outcome variables tend to be highly and significantly inter-correlated; this is an expected finding in light of the mediating relationships which are hypothesised to occur between these three sets of variables.

The correlation analysis also reveals a good number of significant associations between variables measured at different rounds. As might be expected, repeated measures of employee outcome variables are often highly and significantly correlated between rounds. This suggests a general stability in outcomes within, if not between, individuals. A second important point is that, across all datasets, several variables are significantly correlated with turnover. Greater inquiry behaviour at time one is negatively related to turnover, an expected finding in light of the evidence which shows that proactive behaviour around entry is associated with better integration. At time one, commitment and perceived promises are also negatively associated with turnover, providing some evidence that attitudes and psychological contract perceptions formed around entry are indeed influential later on. Several variables from time two are also associated with turnover, all in the expected direction. Job satisfaction, performance and psychological contract fulfilment are negatively related to turnover, whilst intention to leave and violation at time two are positively related to turnover.

In terms of the relationships between variables measured at the first two rounds, time one knowledge and inquiry are more strongly related to time two outcomes than time one pre-hire interaction or organizational efforts. Moving on to the relationship between variables at the second and third survey rounds, the analysis reveals that the information acquisition variables at time two are largely uncorrelated with the time three outcome variables, although time two knowledge is correlated with many staff outcomes at the later time point. Interestingly, perceived psychological contract violation at time two is correlated with rather more time three staff outcome variables than perceived employer promises or perceived fulfilment of promises. This provides early support for Model Two, which states that the shock of a violation is a key link to outcome because it involves a strong emotional reaction arising from deep level sensemaking. As might be expected, there are few significant correlations between the data collected at round one and round three, twelve months later.

Table 8.2: Correlations between all study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Relevant experience															
2 Patient contact	.053														
3 Age	.160**	-.066													
4 Nursing	-.134**	.326**	-.082												
5 BAME	-.118**	-.039	.029	.095*											
6 Gender	.02	.212**	-.004	.170**	-.02										
7 R1 Pre-hire interaction	-.127**	.056	-.076	.106*	.038	-.013									
8 R1 Inquiry	.104*	-.072	.082	-.203**	-.013	-.078	.163**								
9 R1 Organizational efforts	-.075	.043	.092	.052	.168**	.059	.201**	.339**							
10 R1 Knowledge	.055	.004	.104*	.045	.077	-.01	.305**	.351**	.301**						
11 R1 Commitment	-.111*	-.025	.144**	.06	.220**	-.067	.321**	.326**	.332**	.407**					
12 R1 Stress	.039	.099*	-.069	.179**	-.153**	.140**	-.05	-.124*	-.032	-.122*	-.122*				
13 R1 Service quality focus	-.044		-.029	.230**	-.033	.093	.165**	.183**	.194**	.434**	.246**	.160**			
14 R1 Perceived Promises	.007	.023	-.081	.025	-.016	-.011	.198**	.182**	.160**	.226**	.216**	.025	.164**		
15 R1 Ability to deliver quality	-.022	-.034	.057	.009	.156**	-.028	.145**	.316**	.269**	.512**	.372**	-.234**	.430**	.033	
16 R1 Previous quality	.015	.05	.018	-.019	-.006	.05	.084	.039	.067	.087	.01	-.012	.092	.015	.086
17 R2 Inquiry	-.009	-.06	.044	-.128	-.004	-.021	.182*	.400**	.153	.219**	.16	-.230**	-.053	.098	.180*
18 R2 organizational efforts	.011	.009	0	.168*	.128	-.003	.190*	.261**	.317**	.240**	.195*	-.186*	.06	.108	.106
19 R2 Knowledge	-.002	.114	.069	.096	.122	.138	.290**	.143	.262**	.494**	.229**	-.164	.163	.093	.361**
20 R2 Commitment	-.074	.07	.041	.076	.132	.026	.304**	.156	.063	.274**	.582**	-.163	.11	.096	.186*
21 R2 Job satisfaction	.095	-.006	.048	-.136	.017	.076	.122	.03	.038	.265**	.215*	-.256**	.017	.11	.137
22 R2 Intention to leave	-.112	.03	-.141	.168*	-.036	-.066	-.146	-.049	-.009	-.210*	-.308**	.313**	-.005	-.043	-.135
23 R2 Stress	.011	.121	-.137	.240**	-.222**	-.045	-.022	-.244**	-.039	-.190*	-.227**	.496**	-.016	-.007	-.334**
24 R2 Performance	-.026	-.021	.023	-.02	.127	-.042	.125	-.061	.12	.154	.14	-.214*	.091	.048	.278**
25 R2 Service quality focus	.113		.072	.223**	-.024	-.071	.119	.002	.052	.246**	.122	-.015	.568**	-.026	.145
26 R2 Perceived Promises	.029	.076	-.292**	.065	.045	-.013	.156	.194*	.075	.126	.065	-.014	-.025	.330**	.056
27 R2 Fulfilment	.124	.016	.018	-.018	-.156	.15	.159*	.099	.058	.255**	.09	-.236**	.250**	.012	.187*
28 R2 Violation	-.151	.021	-.049	.086	.008	-.076	-.147	-.121	.019	-.240**	-.250**	.184*	-.118	-.079	-.124
29 R2 Ability to deliver quality	-.009	-.08	.098	-.069	.270**	.002	.183*	.104	.238**	.288**	.219**	-.341**	.098	-.018	.448**
30 R2 Team quality	.161*	-.042	.071	-.275**	.017	.056	.092	.161	-.05	.143	.131	-.233**	-.081	.102	.133
31 R3 Knowledge	-.292**	-.083	-.003	-.023	-.094	-.045	.15	.184	.122	.402**	.282**	-.218*	.266*	.073	.401**
32 R3 Commitment	-.122	.063	-.162	.13	.014	-.197	.165	.036	.095	.137	.547**	-.111	.124	-.014	.314**
33 R3 Job satisfaction	.006	-.005	.08	.001	-.108	-.087	.092	.017	.085	.133	.370**	-.196	.087	-.008	.338**
34 R3 Intention to leave	.123	-.011	-.036	.02	.093	.114	-.015	-.055	-.039	-.121	-.348**	.230*	-.063	-.017	-.328**
35 R3 Stress	.168	.064	-.108	.196	-.189	.128	-.078	-.17	-.184	-.224*	-.261*	.603**	.041	-.099	-.456**
36 R3 Performance	.012	-.214*	.098	-.178	.115	-.158	.126	.116	.213	.146	.123	-.181	.192	.088	.325**
37 R3 Service quality focus	.003		-.13	.056	-.183	-.18	-.11	-.066	-.151	.167	.119	.009	.371**	.005	.222
38 R3 Perceived Promises	-.083	.058	-.221*	.207*	.033	-.06	.175	.240*	.068	.062	.025	.053	.039	.345**	.193
39 R3 Fulfilment	-.057	.025	.035	-.103	-.213*	-.064	.009	.05	-.081	.18	.266*	-.235*	.149	-.047	.317**
40 R3 Violation	.055	.106	-.058	.122	.107	.219*	-.064	-.089	.011	-.043	-.273*	.291**	.03	-.056	-.285**
41 R3 Ability to deliver quality	-.105	-.174	.241*	-.114	.021	-.141	.006	.241*	.174	.266*	.338**	-.280*	.046	-.07	.461**
42 R3 Team quality	.159	.036	.062	-.161	-.076	.03	.039	.18	-.033	.103	.133	-.018	-.081	.132	.12
43 Turnover at 12 months	-.052	-.097	-.054	-.009	.013	-.049	-.062	.144*	-.045	.033	-.063	-.114	-.015	-.089	.066

\*p&lt;0.05 \*\*p&lt;0.01

Table 8.2: Correlations between all study variables (continued)

	16	17	18	19	20	21	22	23	24	25	26	27	28	29
1 Relevant experience														
2 Patient contact														
3 Age														
4 Nursing														
5 BAME														
6 Gender														
7 R1 Pre-hire interaction														
8 R1 Inquiry														
9 R1 Organizational efforts														
10 R1 Knowledge														
11 R1 Commitment														
12 R1 Stress														
13 R1 Service quality focus														
14 R1 Perceived Promises														
15 R1 Ability to deliver quality														
16 R1 Previous quality														
17 R2 Inquiry	.157													
18 R2 organizational efforts	.112	.377**												
19 R2 Knowledge	-.039	.271**	.355**											
20 R2 Commitment	.167*	.311**	.317**	.379**										
21 R2 Job satisfaction	.143	.347**	.227**	.389**	.604**									
22 R2 Intention to leave	-.022	-.274**	-.11	-.349**	-.547**	-.805**								
23 R2 Stress	-.158	-.264**	-.008	-.182*	-.243**	-.400**	.437**							
24 R2 Performance	.109	.167*	.215**	.288**	.263**	.237**	-.214**	-.218**						
25 R2 Service quality focus	.147	.118	.186*	.367**	.319**	.295**	-.238**	-.02	.146					
26 R2 Perceived Promises	.129	.266**	.170*	.094	.264**	.280**	-.205*	-.143	-.041	.086				
27 R2 Fulfilment	.077	.337**	.256**	.400**	.397**	.590**	-.531**	-.269**	.082	.344**	.09			
28 R2 Violation	-.13	-.344**	-.218**	-.356**	-.509**	-.758**	.705**	.357**	-.153	-.382**	-.256**	-.682**		
29 R2 Ability to deliver quality	.07	.235**	.278**	.573**	.362**	.431**	-.403**	-.471**	.475**	.298**	.083	.253**	-.338**	
30 R2 Team quality	.141	.348**	.163*	.260**	.376**	.566**	-.599**	-.428**	.190*	.175*	.241**	.424**	-.508**	.235**
31 R3 Knowledge	.027	.225	.370**	.465**	.330**	.395**	-.298*	-.296*	.114	.178	.154	.509**	-.336**	.324**
32 R3 Commitment	.002	.109	.246*	.294*	.669**	.451**	-.433**	-.116	.144	.245	.298*	.357**	-.370**	.261*
33 R3 Job satisfaction	.049	.059	.196	.249*	.409**	.672**	-.722**	-.284*	.245*	.274*	.244*	.439**	-.616**	.420**
34 R3 Intention to leave	.085	-.032	-.071	-.280*	-.410**	-.692**	.749**	.296*	-.176	-.232	-.204	-.508**	.564**	-.349**
35 R3 Stress	-.096	-.129	-.056	-.093	-.108	-.341**	.446**	.733**	-.445**	.025	-.19	-.157	.301*	-.471**
36 R3 Performance	.126	.169	.294*	.243*	.143	-.006	-.109	-.259*	.539**	.047	.234*	.157	-.173	.426**
37 R3 Service quality focus	.106	.087	.113	.186	.177	.341**	-.269*	.028	-.056	.695**	.203	.385**	-.465**	.219
38 R3 Perceived Promises	.001	.174	.178	.108	.197	.063	.017	.056	.243*	.082	.654**	.07	-.133	.12
39 R3 Fulfilment	.019	.035	.026	.296*	.256*	.435**	-.576**	-.213	.092	.216	.102	.610**	-.482**	.223
40 R3 Violation	.034	-.213	-.143	-.240*	-.321**	-.669**	.718**	.351**	-.259*	-.280*	-.263**	-.523**	.725**	-.360**
41 R3 Ability to deliver quality	-.035	.292*	.274*	.182	.245*	.423**	-.553**	-.532**	.368**	.028	.265*	.281*	-.401**	.533**
42 R3 Team quality	.169	.349**	.295*	.046	.22	.204	-.309**	-.236*	.240*	-.004	.239*	.144	-.362**	.19
43 Turnover at 12 months	.019	-.057	-.143	-.1	-.04	-.200*	.184*	.061	-.218*	-.033	.062	-.214*	.186*	-.041

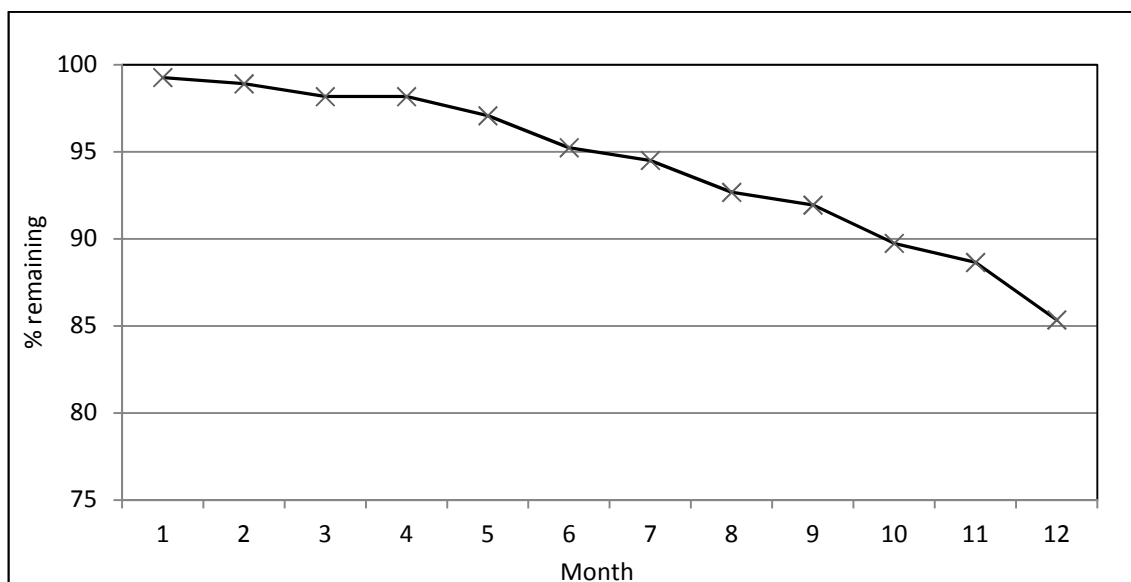
Table 8.2: Correlations between all study variables (continued 2)

[illegible]

### 8.1.3 Turnover

Of the 506 participants who returned completed questionnaires at time one, turnover data were available for 273. In the main, data were unavailable where responders failed to leave their name, which was necessary in order to obtain details from organizational records. Of the 319 of individuals who did leave their name on the time one survey, it was not possible to obtain turnover data for 46 due to an illegible name or missing data in organizational records. Of the 273 individuals with complete turnover data, 40 (14.7%) left the organization during the course of the study, with the remaining 233 (85.3%) present at twelve months. The average time at which leavers exited the organization was 237 days, at the end of the eighth month in the organization. Figure 8.3, below, details the percentage of leavers who exited within each one-month period of the study. As the graph shows, the rate of turnover appears to increase between six months and one year. It is important to note that turnover within the sample is the issue of discussion here. Attrition, which represents the total volume of dropout from the study, rather than from the organization, was discussed in the methodology chapter.

Figure 8.3: Turnover of study participants at each month of service



## **8.2 The development of perceived employer promises through information acquisition**

The purpose of this section of the analysis is to examine the early part of the conceptual Model One, relating to the effects of information acquisition on the psychological contract during the anticipation and encounter phases of organizational socialization. The hypotheses in question broadly state that the acquisition of information during anticipation and encounter leads to the development of perceived organizational promises. Information acquisition is assessed through three variables. The first of these assesses the frequency of communication during the anticipation stage, which is hypothesised to contribute to the formation of a rudimentary psychological contract. Following organizational entry, information acquisition via organizational efforts and inquiry are hypothesised to clarify this rudimentary psychological contract through sensemaking, converting expectations to promises. Through this process, newcomers are hypothesised to develop a more complete psychological contract, in the form of a cognitive schema, which reduces uncertainty in the work environment. The hypotheses are summarized in table 8.5 at the end of this section.

### **8.2.1 Analysis**

In order to test the hypotheses, analysis was undertaken on data collected at the first two time points, month one and month three, because these two data collection points assessed levels of the variables relevant to the anticipation and encounter phases. The hypotheses were tested through the use of linear regression analyses. Two such analyses were performed to examine the development of perceived employer promises. First, all variables in the analysis were measured at time one. Here, the three independent variables in the analysis were pre-entry interaction, organizational efforts and inquiry. The dependent variable was perceived employer promises. Second, a lagged analysis was undertaken to assess the contribution of the two variables representing communication during encounter to the change in the number of perceived promises across this stage.

In order to conduct the lagged analysis, the method described by Cohen et al. (2003) for analysis of regressed change over two time points was used. This method



advocates the use of a regression model where the value of the dependent variable at T2 is regressed upon the independent variables whilst controlling for the value of the dependent variable at T1. This procedure removes the potential effects of the values of the dependent variable at T1 on other variables in the model. Cohen et al. (2003) state that in situations where the independent variables are hypothesised to be relatively quick acting, their values at both the second and first time points should be entered as predictors into the regression model. In the present analysis, the independent variables related to information that had been acquired. Both of these variables were retrospective in that they related to information acquired up until the time point at which they were measured and were considered to be relatively quick acting. Hence, the analysis included the independent variables measured at both T1 and T2.

### 8.2.2 Findings

Table 8.3 shows the results of the first analysis examining the relationship between information acquisition and perceived employer promises where all variables were measured at time one. The first point of note here is that age was negatively related to the number of perceived organizational promises at entry. One possible explanation for this might be that older newcomers are simply made fewer promises by the new organization. For example, promises regarding issues such as career development may simply become less relevant as staff enter the later stages of their careers. An alternative explanation is that, given that older staff are likely to be to be more experienced and therefore hold more stable cognitive schemata, they are simply less susceptible to new information, a point made previously by Rousseau (1995, 2001). There was no significant effect of the other control variables.

Moving on to the relationship between the communication variables and perceived organizational promises at time one, the hypothesised effect was evident for two of the predictor variables. Pre-hire interaction was positively associated with perceived promises, such that communication with organizational insiders prior to entry positively predicted the number of promises each individual perceived that they had been made at entry. Likewise, inquiry at entry was positively associated with perceived organizational promises, such that greater perceived usefulness of information acquired through direct questioning of organizational insiders positively

predicted the number of perceived promises. Contrary to the hypothesis, however, the usefulness of information acquired through organizational efforts was not significantly associated with perceived promises. Although information acquired through organizational efforts may have been useful, it appears not to have influenced the development of the psychological contract. A final point of note from the regression analysis detailed in table 8.3 is that the model explained only eight percent of the variance in perceived organizational promises.

**Table 8.3: The relationship between information acquisition and perceived employer promises at time one**

	Dependent variable
	Perceived employer promises T1
Step one: control variables	
Age	-0.12*
Patient contact	0.01
Female	0.06
Step two: Independent variables	
Pre-hire interaction	0.14**
Inquiry T1	0.14*
Organizational efforts T1	0.08
Model statistics	
N	366
R <sup>2</sup>	0.08
Adjusted R <sup>2</sup>	0.06
F	5.11***
Step one $\Delta R^2$	0.01
Step two $\Delta R^2$	0.07***

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

Turning to the second analysis examining the development of perceived organizational promises, table 8.4 shows the findings from the model examining the hypothesised effects of information acquisition during encounter on the change in perceived employer promises. Age was again a significant predictor of perceived promises, with older individuals reporting fewer promises made. However, the key finding here is that only information obtained through inquiry was a significant predictor of change in perceived organizational promises; greater usefulness of information obtained through inquiry, at both time one and time two, was related to

an increase in perceived employer promises. Information acquired through organizational efforts, however, was not a significant predictor of perceived organizational promises across the encounter stage. A final point of note regarding this model is that it is rather a better fit to the data than the previous model, explaining 32 percent of the variance in perceived organizational promises. The block of control variables add a large proportion of variance, largely due to the inclusion of the inquiry variable from time one. Table 8.5 provides a summary of these findings in relation to the initial hypotheses.

**Table 8.4: The relationship between information acquisition and change in perceived employer promises**

	Dependent variable
	Perceived employer promises T2
Step one: control variables	
Age	-0.33***
Patient contact	0.03
Female	-0.06
Inquiry T1	0.38***
Organizational efforts T1	0.02
Perceived employer promises T1	0.01
Step two: Independent variables	
Inquiry T2	0.24***
Organizational efforts T2	0.04
Model statistics	
N	133
R <sup>2</sup>	0.362
Adjusted R <sup>2</sup>	0.321
F	8.813***
Step one $\Delta R^2$	0.307***
Step two $\Delta R^2$	0.055**

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

Table 8.5: Summary of findings for hypotheses 1 and 2

Hypothesis	Findings
H1 <i>Greater pre-entry interaction during anticipation is positively associated with a greater number of perceived employer promises during encounter.</i>	H1: Supported
H2 <i>More useful information acquired through (a) inquiry and (b) organizational efforts during encounter is positively associated with a greater number of perceived employer promises.</i>	H2a: Supported H2b: Unsupported

### 8.2.3 Summary of this section

The analysis presented in this section aimed to test two hypotheses concerning the effect of various types of information acquisition during the anticipation and encounter stages on perceived employer promises. Whilst pre-entry interaction and inquiry positively predicted perceived employer promises, organizational efforts did not. As the descriptive analysis showed, there was a decrease in the mean aggregate level of perceived employer promises over time, a finding which in contrast to some other studies which have reported an upward trend in such levels over time (e.g. Thomas and Anderson, 1998). Hence, whilst the results reported in the present section effectively demonstrate an increase over time in perceived promises for those individuals who acquired more useful information, this must be interpreted in the context of an overall drop in levels of perceived promises across the entire sample.

The primary implication of this set of findings is that is that both interaction with the organization during anticipation and inquiry behaviour during encounter can be influential in the development of perceived organizational promises. Information provided through organizational efforts such as induction and training, on the other hand, does not appear to be of influence. A possible interpretation of this set of findings is that information that is actively sought out through direct questioning is influential in reducing uncertainty in the workplace. Information that is provided directly by management, by contrast, appears to have no impact on the developing employment relationship.

### **8.3 The consequences of the development of perceived employer promises**

The second set of hypotheses relating to the formation of perceived employer promises concerns the consequences of the process for employee outcomes. Six hypotheses are presented regarding this part of Model One. These broadly state that inquiry and organizational efforts are expected to lead to the development of psychological contract beliefs, a process through which newcomers make sense of their new organizations and construct a more predictable environment. In turn, the development of perceived employer perceptions is expected to lead to better outcomes for employees through social exchange and the creation of a set of goals through which newcomers can regulate their behaviour. Additionally, it is expected that each of the three types of communication will have a direct impact on employee outcomes through other mechanisms. A summary of this set of hypotheses is shown in table 8.10 at the end of this section.

#### **8.3.1 Analysis**

Since the analysis of hypothesis two revealed organizational efforts did not predict perceived employer promises, it follows that perceived promises cannot mediate the relationship between organizational efforts and any outcome. Therefore, mediation analysis was not undertaken for the organizational efforts independent variable. Conversely, the analysis revealed that inquiry behaviour was a significant predictor of perceived employer promises. Therefore, mediation analysis was undertaken to examine the hypotheses concerning the indirect effects of inquiry on employee outcomes via the mediating role of perceived employer promises.

The analyses used the procedure initially outlined by Baron and Kenny (1986) and expanded upon by Preacher and Hayes (2004), Hayes (2009) and others. This method involves the computation of the indirect effects between the independent variable and the mediator, and then the mediator and the outcome, using regression modelling. A bootstrapping procedure is then used to assess whether the entire indirect effect is significantly different from zero. A key point with regard to this form of analysis, as Hayes (2009) points out, is that it is not necessary for an initial direct effect between the independent and dependent variables to be statistically significant in order for mediation to be present. However, since the hypotheses

predicted direct effects of both organizational efforts and inquiry on all outcomes, separate regression analyses were undertaken to test these pathways and are presented before the analysis of indirect effects. The analytical approach used in all of the regression analyses undertaken here again follows Cohen et al.'s (2003) procedure for the analysis of regressed change over two time points. The time two values of the information acquisition independent variables were used in each analysis whilst controlling for their corresponding time one values. For the dependent variables which were assessed at both time one and time two (stress, service quality focus and organizational commitment), the time two value was used as the dependent variable in the model, with the corresponding time one value entered in an initial block of controls along with the demographic variables.

### 8.3.2 Findings: Direct effects of information acquisition on employee outcomes

The findings from the first set of analyses, examining the direct effects of inquiry and organizational efforts on the six outcome variables, are shown in table 8.6. An immediate point to be made is that inquiry predicts a greater number of outcomes than organizational efforts. In the models examining staff attitudes, inquiry is a negative predictor of intention to leave and a positive predictor of commitment. Organizational efforts, on the other hand, predicts only commitment. Each model is a reasonably good fit to the data, with the addition of the information acquisition variables explaining between 10 and 17 percent of the variance in outcomes. Moving along to the well-being outcomes, inquiry negatively predicts stress (at the 10% confidence level) and positively predicts job satisfaction; organizational efforts predicts neither outcome. In terms of the service quality outcomes, inquiry is not significant in either model. Importantly, however, organizational effort is a significant predictor of service quality focus and (at the 10% confidence level) performance. The relationships are in the expected direction: where the information received through organizational efforts is more useful, levels of service quality focus and performance are greater. It should be noted that the model examining performance is quite a poor fit to the data. These findings are summarized in table 8.10 at the end of this section.

Table 8.6: Regression analysis examining the direct effects of inquiry and organizational efforts on employee outcomes

Control variables	Attitudes		Well-being		Service quality	
	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	-0.08	-0.09	-0.10	-0.01	0.07	0.02
Patient contact	0.03	0.08	0.03	-0.02		-0.02
Female	-0.10	0.07	-0.23**	0.08	-0.03	-0.01
Inquiry T1	0.08	-0.09	-0.15	-0.13	-0.15	-0.18
Organizational efforts T1	0.07	-0.1	0.01	-0.06	-0.15	0.06
Dependent at T1		0.56***	0.51***		0.59***	
Independent variables						
Inquiry T2	-0.36***	0.26**	-0.15†	0.39***	0.15	0.14
Organizational efforts T2	-0.01	0.17*	0.12	0.15	0.23*	0.19†
Model statistics						
N	133	128	127	132	100	133
R <sup>2</sup>	0.13	0.44	0.38	0.18	0.42	0.08
Adjusted R <sup>2</sup>	0.09	0.40	0.33	0.13	0.37	0.03
F	2.75*	11.52***	8.92***	3.86**	9.45***	1.50
Control variables $\Delta R^2$	0.02	0.34***	0.35***	0.01	0.34***	0.02
X variables $\Delta R^2$	0.11**	0.10***	0.02	0.17***	0.08**	0.06*

†p&lt;0.1; \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt; 0.001

### 8.3.3 Findings: Indirect effects of inquiry on employee outcomes via the mediating role of perceived employer promises

The findings from the analyses examining the mediating role of perceived employer promises in the link between inquiry behaviour and employee outcomes are shown in table 8.7. The first column demonstrates that, as hypothesis three has already revealed, inquiry behaviour significantly and positively predicts the hypothesised mediating variable, change in perceived promises. The amount of variance explained is small, at five percent, but nonetheless significant. The remaining columns show the regression analyses examining the effect of the mediator on each of the outcomes.

In terms of the attitudinal variables, commitment is significantly predicted by perceived employer promises, with the relationship in the expected direction. Likewise, when the 10% probability level is used, perceived promises predicts intention to leave. The addition of the independent variables into the models explains a respectable amount of variance in these outcomes: nine percent and thirteen percent respectively. Moving along to well-being variables, there is no relationship between promises and stress, although promises does positively predict job satisfaction. The final column of table 8.7 shows the results of the analysis used to test the relationship between perceived promises and the service quality outcomes. Here, the analysis reveals that perceived promises is not a significant predictor of service quality focus. Somewhat surprisingly, at the 10% probability level, the addition of perceived promises leads to a decrease in performance.

Bootstrapping was undertaken where significant indirect pathways were revealed by the regression analyses. As shown in table 8.8, the indirect effects are significantly different from zero for two of the outcomes: intention to leave and commitment. Hence, a significant mediation effect is present for these variables. As table 8.10 shows, the analysis therefore reveals support for hypothesis 4a, relating to the indirect effect on employee attitudes, but no support for hypotheses 6a or 8a, relating to the indirect effect on well-being and service quality.



Table 8.7: Regression analysis examining perceived employer promises as a mediator of the relationship between inquiry and employee outcomes

Control variables	Mediator	Attitudes		Well-being		Service quality	
	Perceived promises	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	-0.33***	-0.17	-0.01	-0.16*	0.08	0.13	-0.01
Patient contact	0.03	0.04	0.06	0.05	-0.03		-0.02
Female	-0.05	-0.09	0.07	-0.24**	0.06	-0.02	-0.03
Inquiry T1	0.03	0.13	-0.11	-0.1	-0.18	-0.19*	-0.17
Mediator at T1	0.38***	-0.06	0.01	-0.16*	0.12	0.06	0.18
DV at T1			0.55***	0.52***		0.59***	
Independent variables							
Inquiry T2	0.26**	-0.3**	0.24**	-0.05	0.37***	0.16†	0.24*
Mediating variable							
Perceived promises T2		-0.19†	0.18*	-0.12	0.18†	0.14	-0.18†
Model statistics							
N	134	134	128	127	133	100	134
R <sup>2</sup>	0.36	0.17	0.44	0.64	0.22	0.4	0.07
Adjusted R <sup>2</sup>	0.33	0.12	0.4	0.41	0.17	0.35	0.02
F	11.98***	3.68**	11.45***	10.2***	4.95***	8.62***	1.43
Control variables $\Delta R^2$	0.31***	0.05	0.35***	0.39***	0.05	0.35***	0.02
X & M variables $\Delta R^2$	0.05***	0.13***	0.09***	0.02	0.17***	0.05*	0.05*

†p<0.1; \*p<0.05; \*\*p<0.01; \*\*\*p<0.001

**Table 8.8: Bootstrapping results for perceived promises models**

	Bias corrected indirect effect		Significance
	Lower CI	Upper CI	
Intention to leave	-0.188	-0.001	P < 0.05
Commitment	0.001	0.179	P < 0.05
Job satisfaction	-0.003	0.189	ns
Performance	-0.109	0.009	ns

Since the analysis revealed somewhat different effects of information acquired through inquiry and organizational efforts, a piece of post-hoc analysis was undertaken to further examine the nature of these constructs. Specifically, regression analysis was undertaken to examine whether the interaction of the two information acquisition variables had any further effect on either perceived employer promises or any of the outcomes in the model. The findings from this analysis are shown below in table 8.9. When the two variables were entered into the models separately at step two, the results mirror the earlier analysis. However, as the third step in the model shows, interaction effects were indeed found (at the 10% confidence level) in the models examining perceived promises and service quality focus as outcomes. The interactions are plotted in graphical form in figures 8.4 and 8.5.

Interestingly, the interaction effects are in different directions. Beginning with the model examining perceived promises, the findings suggest that where useful information is acquired through inquiry behaviour, the number of perceived promises is always high. However, where information acquired through inquiry is not useful, useful information acquired via organizational efforts begins to increase the number of perceived promises. Put another way, it appears that inquiry is the preferred route through which the psychological contract is formed. However, when this information is lacking, newcomers will resort to using information provided directly by the organization, which increases the number of perceived promises. Moving on to the model examining service quality focus, a different pattern emerges. Where organizational efforts does not provide useful information, useful information acquired through inquiry does not affect service quality focus. Where the

organization does provide useful information, on the other hand, useful information that is actively sought out increases service quality focus. This analysis therefore appears to suggest that the greatest increase in service quality focus occurs when the organization helps newcomers to learn and where the newcomers themselves are proactive in seeking out information. Without information provided directly by the organization, however, inquiry behaviour appears not to affect service quality.

Table 8.9 Post-hoc analysis of the interaction between organizational efforts and inquiry and their relationship with employee outcomes

Step 1: control variables	Psychological contract	Attitudes		Well-being		Service quality	
	Perceived promises	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	-0.31***	-0.09	-0.08	-0.09	-0.01	0.07	0.02
Patient contact	0.04	0.02	0.08	0.03	-0.02		-0.02
Female	-0.04	-0.11	0.07	-0.23**	0.09	-0.05	-0.01
Inquiry T1	0.03	0.07	-0.08	-0.15	-0.13	-0.16	-0.17
Organizational efforts T1	0.01	0.07	-0.1	0.02	-0.06	-0.17	0.07
DV at T1	0.38***		0.56***	0.51***		0.6***	
Step 2: independents							
Inquiry T2	0.25**	-0.36***	0.26**	-0.15	0.39***	0.14	0.14
Organizational efforts T2	0.03	0.00	0.16*	0.12	0.14	0.27**	0.18
Step 3: interaction							
Inquiry x organizational efforts	-0.13†	0.06	-0.08	-0.03	-0.05	0.15†	-0.02
Model statistics							
N	133	133	128	127	132	100	133
R <sup>2</sup>	0.38	0.14	0.40	0.38	0.18	0.44	0.08
Adjusted R <sup>2</sup>	0.33	0.08	0.77	0.33	0.13	0.39	0.02
F	8.31***	2.46*	10.37***	7.88***	3.39**	8.89***	1.3
Step one $\Delta R^2$	0.31***	0.02	0.34***	0.35***	0.01	0.34***	0.02
Step two $\Delta R^2$	0.06**	0.11**	0.1***	0.02	0.17***	0.08***	0.06*
Step three $\Delta R^2$	0.02†	0.00	0.01	0.00	0.00	0.02†	0.00

†p&lt;0.1; \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001

Figure 8.4: The interaction between organizational efforts and inquiry and their relationship with perceived employer promises

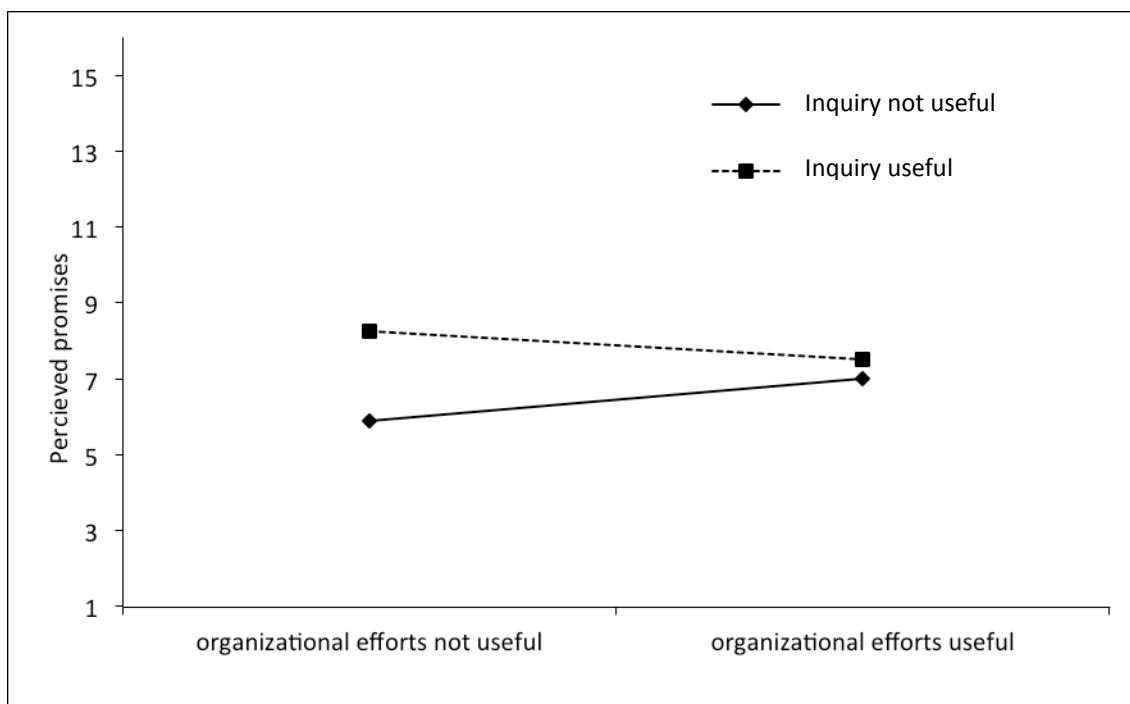


Figure 8.5: The interaction between organizational efforts and inquiry and their relationship with service quality focus

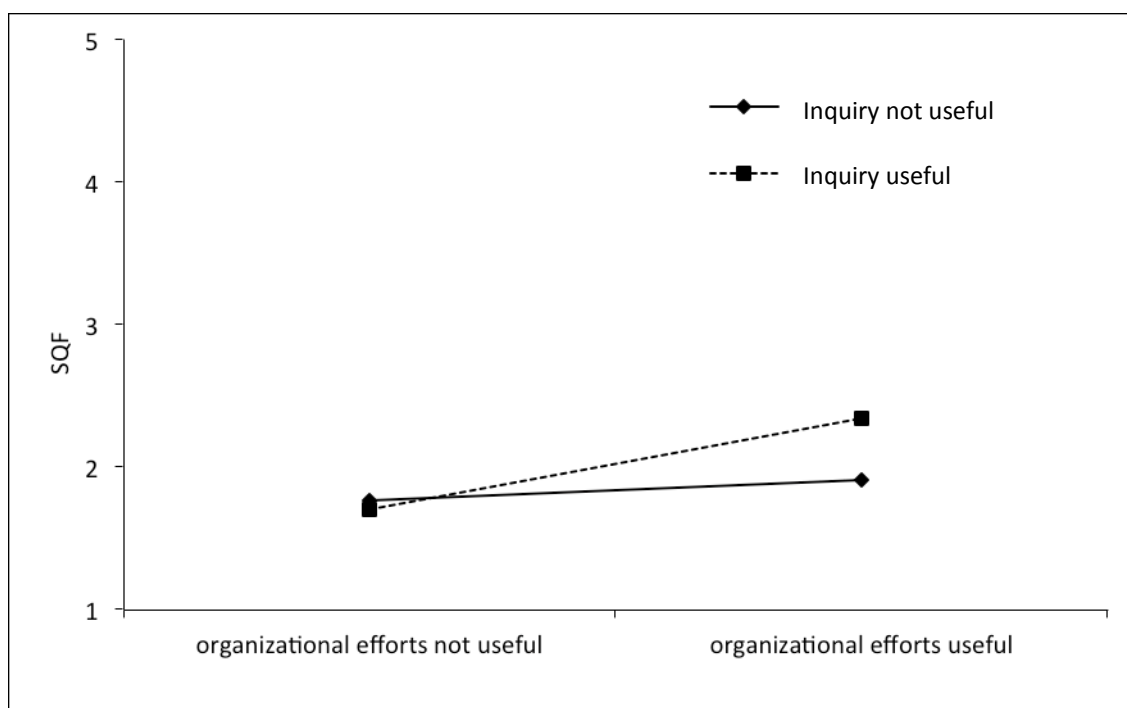


Table 8.10: Summary of findings for hypotheses 3 to 8

Information acquisition and attitudes		Support
H3	<i>There is a direct positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and positive employee attitudes during the encounter stage.</i>	H3a: Supported H3b: Partial
H4	<i>There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and positive employee attitudes during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.</i>	H4a: Supported H4b: Unsupported
H5	<i>There is a direct positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better employee well-being during the encounter stage.</i>	H5a: Supported H5b: Unsupported
H6	<i>There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better employee well-being during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.</i>	H6a: Unsupported H6b: Unsupported
H7	<i>There is a direct and positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better service quality during the encounter stage.</i>	H7a: Unsupported H7b: Supported
H8	<i>There is an indirect positive relationship between the perceived usefulness of information acquired through (a) inquiry and (b) organizational efforts and better service quality during the encounter stage. This relationship occurs via the mediating role of increased perceived organizational promises.</i>	H8a: Unsupported H8b: Unsupported

#### 8.3.4 Summary and discussion of this section

The purpose of this section was to present the analysis examining the links between information acquisition during organizational encounter and employee outcomes. The analysis revealed that inquiry directly predicted some aspects of staff attitudes and well-being, but not service quality. Organizational efforts, on the other hand, directly predicted only commitment of the attitudinal variables and neither of the well-being variables, but it did directly predict both of the service quality variables. An important implication of this pattern of findings is that service quality appears to be improved through the information that is provided directly by the organization alone, but not through proactive newcomer behaviour alone. As the post hoc analysis showed, however, the greatest effects on service quality occur where both types of learning yield useful information. One explanation for this pattern of findings is that the organization provides only basic information which is necessary to do the job but which only improves service quality to a limited extent. A proactive newcomer who seeks out additional information beyond this and makes an effort to integrate, however, may build new relationships and take on the values of the organization even further, enabling them to further focus on quality. More generally, an important implication of this set of findings is that proactive behaviour is required to increase the traditional integration outcomes of well-being and attitudes, whilst organizational efforts are necessary to improve aspects of service quality. Therefore, the findings suggest that both organizational practices and inquiry behaviour are necessary for workers who display high levels of both service quality and well-being.

In terms of indirect effects, inquiry behaviour was the key predictor variable, since only useful information acquired in this manner was influential in the development of perceived employer promises. As hypothesised, perceived employer promises mediated the link between inquiry and the two attitudinal outcomes, intention to leave and commitment. A particularly important finding was that there was no evidence of an indirect relationship with either service quality variable, although these variables were directly predicted by organizational efforts. One interpretation of this finding is that, rather than increasing employee contributions through an improvement of the employment relationship via the mechanism of social exchange

or goal setting, information acquisition simply enables newcomers to deliver higher quality because they are better able to perform the tasks that make up their jobs.

#### **8.4 Moderators of the relationship between perceived employer promises and employee outcomes**

The purpose of this section is to test the set of hypotheses regarding the expected moderators of the relationship between perceived employer promises and employee outcomes during encounter. Four constructs are expected to be of influence. The first of these is previous experience. Here, less experienced newcomers are expected to feel greater uncertainty at entry and, due to the limited nature of their psychological contracts, be more swayed by new information. As a result, the positive relationship between perceived promises and each of the employee outcomes is expected to be stronger for these less experienced newcomers. The remaining three hypothesised moderators refer to the relationship between the psychological contract and service quality alone. First, the positive relationship is expected to be strengthened for those individuals who perceive they have greater ability to deliver quality, since this variable effectively acts as an indicator of job resources. Second, the relationship between perceived promises and service quality is expected to be stronger for those individuals who perceive their new teams to be of higher quality, because these individuals are expected to internalise higher quality work practices as part of their own promises to the organization. Finally, the relationship is expected to be stronger for individuals joining from poor quality organizations, because this group enter with less well-developed schemata relating to the provision of high quality work and, effectively, benefit more from additional promises.

##### **8.4.1 Analysis**

The analysis was undertaken using a series of moderated linear regression analyses. Since the hypotheses reflected the outcomes of perceived promises during the encounter phase, the data for analysis was drawn from the first and second rounds of data collection, provided by employees at entry and at three months service. Hypotheses nine concerns the moderating role of previous experience on each of the study outcomes. Here, six moderation analyses were undertaken to assess the three



hypotheses. Hypotheses 10, 11 and 12 relate to moderators of only the service quality outcomes. For each of these hypotheses, two moderation analyses were undertaken; one for the performance outcome and one for the service quality focus outcome. Only those individuals who reported joining the host organization directly from another job were included in the analysis examining previous quality. Each moderation analysis was conducted using a three-step regression procedure. In the first step, each outcome variable was regressed on the control variables, including the round one value of the independent variable and, where possible, the dependent variable. In the second step, the independent variable and the moderator were added to the model. Finally, in the third step the interaction term was added. The independent and moderator variables were standardised prior to their entry into the models and the calculation of the interaction term. Graphs of significant interactions were plotted by computing separate regression slopes for individuals falling one standard deviation above the mean and one standard deviation below the mean of the moderating variable.

#### 8.4.2 Findings

The results of the six analyses examining previous experience are shown in table 8.11. The first point of note here is that previous experience alone did not significantly predict any of the employee outcomes examined, although perceived promises predicted more positive levels of every outcome bar performance. The expected interaction effect is significant in three of the analyses, where intention to leave, commitment and job satisfaction are the outcomes. These interaction effects are shown in graphical form in figures 8.6, 8.7 and 8.8. As the graphs show, the interaction effect is in the expected direction in each case. An increase in perceived employer promises is related to a greater increase in job satisfaction and commitment, and a greater decrease in intention to leave, for inexperienced staff compared to experienced staff. Hence, the analysis provide some support for hypotheses 9a and 9b, concerning the moderating effect of previous experience on employee attitudes and well-being. There is, however, no support for hypotheses 9c, which concerns the same effect for the service quality outcomes.

Table 8.11: The moderating role of previous experience in the link between perceived employer promises and employee outcomes

Step 1: control variables	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	-0.19*	0.01	-0.22**	0.11	0.13	0.04
Patient contact	0.05	0.05	0.06	-0.04		-0.01
Female	-0.08	0.09	-0.16*	0.08	-0.01	-0.07
R1 outcome		0.59***	0.52***		0.56***	
R1 perceived promises	0.04	-0.05	-0.16†	0.03	0.01	0.18
Step 2: independents						
Experience	-0.06	0.06	0.02	0.06	-0.02	-0.06
Perceived promises	-0.42**	0.41***	-0.17	0.45***	0.31*	-0.19
Step 3: interaction						
Experience x promises	0.20†	-0.21*	0.02	-0.22*	-0.18	0.12
Model statistics						
N						
R2	0.12	0.43	0.35	0.14	0.37	0.03
Adjusted R <sup>2</sup>	0.08	0.40	0.31	0.10	0.33	-0.02
F	2.76*	11.96***	8.48***	3.26**	8.36***	0.67
Step one $\Delta R^2$	0.04	0.36***	0.33***	0.05	0.34***	0.01
Step two $\Delta R^2$	0.06	0.05**	0.02	0.07**	0.02	0.01
Step three $\Delta R^2$	0.02	0.02*	0.00	0.02*	0.02	0.01

†p&lt;0.1; \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001

Figure 8.6: The moderating role of previous experience in the link between perceived employer promises and intention to leave

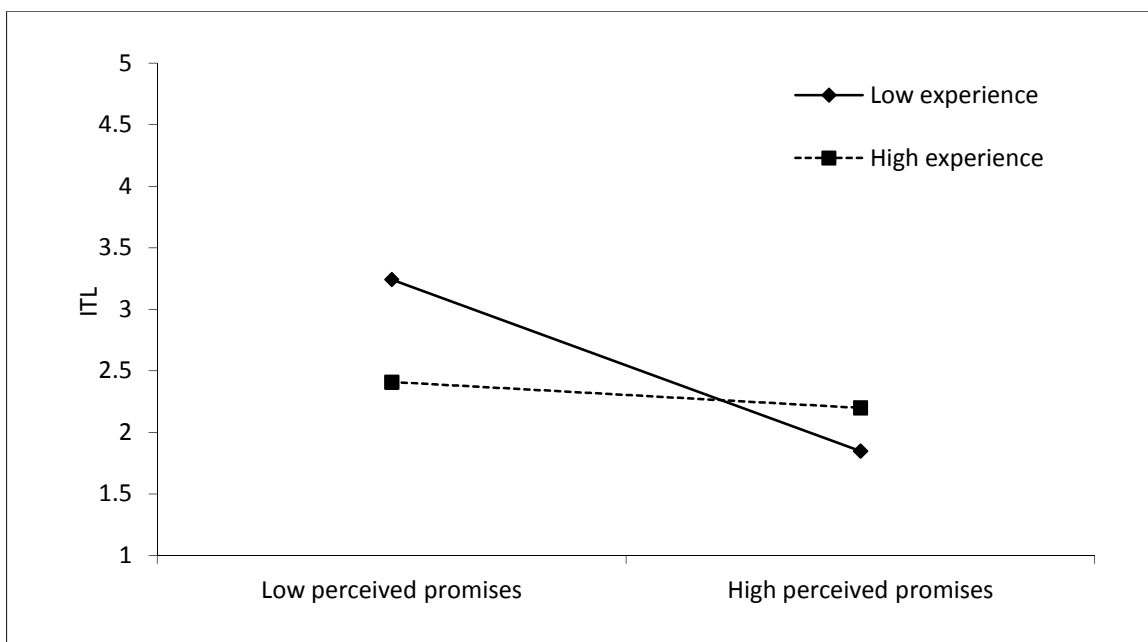


Figure 8.7: The moderating role of previous experience in the link between perceived employer promises and commitment

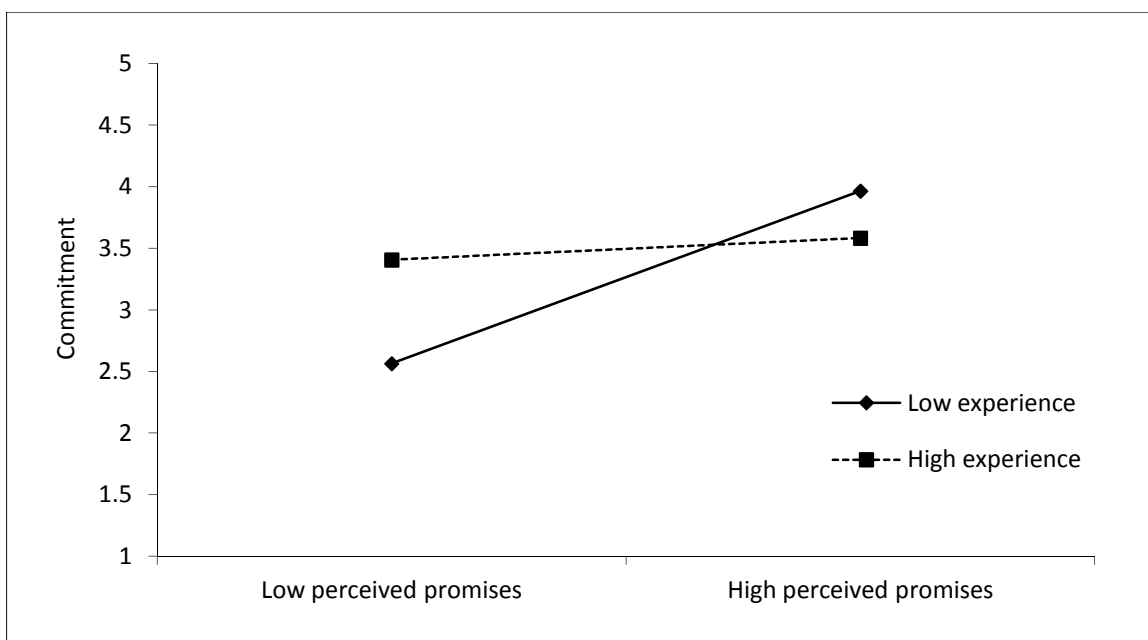
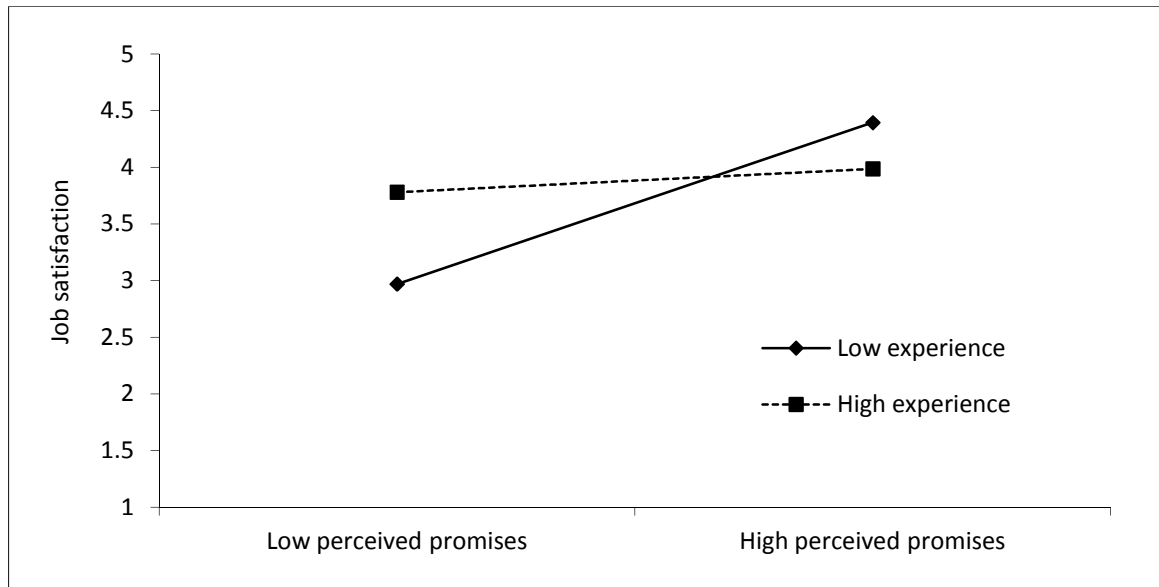


Figure 8.8: The moderating role of previous experience in the link between perceived employer promises and job satisfaction



The results of the moderation analysis examining perceived ability to deliver quality can be seen in table 8.12. As this table shows, ability to deliver quality alone is a better predictor of both of the outcome variables than is perceived employer promises alone. The interaction effect between perceived employer promises and ability to deliver quality is significant in the model examining service quality focus, but not in the model examining performance. Figure 8.9 shows the significant interaction effect in graphical form. As the graph shows, however, the interaction effect is not in the expected direction. For those newcomers who perceive that they have relatively high ability to deliver quality, additional promises do not appear to have a significant impact on service quality focus. For those who perceive their ability to deliver quality to be low, on the other hand, an increase in perceived promises is associated with an increase in service quality focus, Hypothesis 10, therefore, is not supported by the analysis.

Hypotheses 11 and 12 refer to the moderating roles of current team quality and previous organizational quality. The results of the two sets of moderation analysis examining these hypotheses are shown in tables 8.13 and 8.14. As table 8.13 shows, current team quality is a significant predictor of performance, suggesting that individuals who work in better performing teams perform better themselves.

However, the predicted interaction effect did not emerge for either outcome. Moving on to table 8.14, previous quality does not predict either service quality outcome, and perceived promises in fact appears to be a better predictor of service quality than previous quality. Again, however, the interaction term between perceived promises and previous quality was not significant in the two models, neither of which appear to fit the data well. Hence, hypothesis 11 and 12 receive no support. This is the final piece of analysis regarding the moderators of the relationship between perceived promises and employee outcomes, the findings of which are discussed below and summarized in table 8.15.

Table 8.12: The moderating role of perceived ability to deliver quality in the link between perceived employer promises and service quality

Step 1: control variables	SQF	Performance
Age	0.13	-0.04
Patient contact		0.02
Female	0.00	-0.06
R1 outcome	0.56***	
R1 perceived promises	-0.03	0.05
Step 2: independents		
Ability to deliver quality	0.22**	0.47***
Perceived promises	0.17	-0.13
Step 3: interaction		
Ability x promises	-0.18*	-0.09
Model statistics		
N	107	153
R2	0.45	0.25
Adjusted R <sup>2</sup>	0.42	0.22
F	11.72***	7.02***
Step one $\Delta R^2$	0.34***	0.01
Step two $\Delta R^2$	0.09**	0.23***
Step three $\Delta R^2$	0.03*	0.01

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

Table 8.13: The moderating role of perceived current team quality in the link between perceived employer promises and service quality

Step 1: control variables	SQF	Performance
Age	0.10	0.01
Patient contact	-0.01	-0.01
Female	0.59***	-0.08
R1 outcome	-0.01	0.16
Step 2: independents		
Team quality	0.17	0.23*
Perceived promises	0.09	-0.10
Step 3: interaction		
Team quality x promises	-0.07	0.14
Model statistics		
N		
R2	0.39	0.07
Adjusted R <sup>2</sup>	0.35	0.03
F	9.02***	1.55
Step one $\Delta R^2$	0.34***	0.02
Step two $\Delta R^2$	0.05*	0.04*
Step three $\Delta R^2$	0.00	0.02

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

Table 8.14: The moderating role of perceived previous organizational quality in the link between perceived employer promises and service quality

Step one: control variables	SQF	Performance
Age	0.22	-0.08
Patient contact		0.06
Female	-0.07	-0.13
R1 outcome	0.48***	
R1 perceived promises	0.03	0.17
Step two: independents		
Previous quality	0.10	0.08
Perceived promises	0.07	-0.15
Step 3: interaction		
Previous quality x promises	-0.01	0.02
Model statistics		
N	70	102
R2	0.33	0.06
Adjusted R <sup>2</sup>	0.25	-0.01
F	4.33**	0.87
Step one $\Delta R^2$	0.32***	0.04
Step two $\Delta R^2$	0.01	0.02
Step three $\Delta R^2$	0.00	0.00

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

Figure 8.9: The moderating role of ability to deliver quality in the link between perceived employer promises and service quality focus

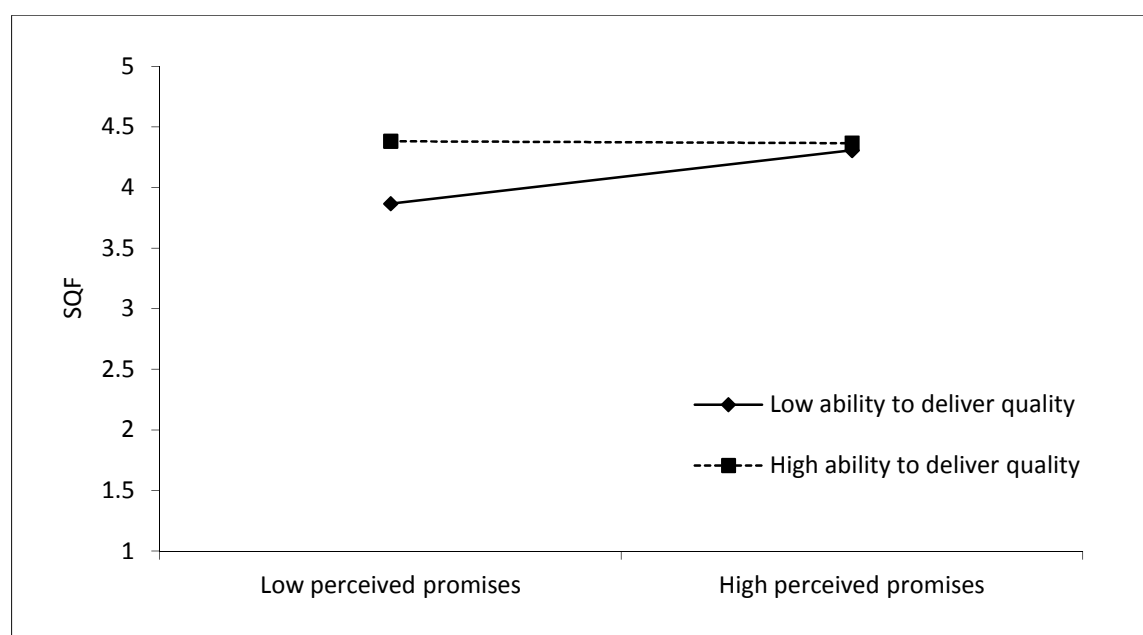


Table 8.15: Summary of findings for hypotheses 9 to 12

The moderating role of previous experience		Support
H 9	<i>Previous experience in a similar NHS role moderates the positive relationship between perceived employer promises and (a) attitudes, (b) well-being and (c) service quality, such that the relationships are stronger for less experienced staff.</i>	H9a: Supported H9b: Partial H9c: Unsupported
The moderating role of ability to deliver quality		
H 10	<i>Perceived ability to deliver quality moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where ability to deliver quality is higher.</i>	H10: Unsupported
The moderating role of perceived team quality		
H 11	<i>Perceived team quality moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where perceived team quality is higher.</i>	H11: Unsupported
The moderating role of perceived previous organizational quality		
H 12	<i>Perceptions of the level of quality in newcomers' previous organizations moderates the positive relationship between perceived employer promises and service quality, such that the relationship is stronger where perceptions quality in the previous organization are lower.</i>	H12: Unsupported

#### 8.4.3 Summary of this section

The purpose of this section was to test the hypotheses concerning moderators of the relationship between perceived employer promises and employee outcomes. This set of hypotheses received rather weak support, which is perhaps less surprising given that the earlier analysis found little association between perceived employer promises and service quality. There was some support for hypotheses 9a and 9b, since the positive relationship between perceived employer promises and both of the attitudinal outcomes, as well as one of the well-being outcomes, was strongest for those individuals who had not come from a similar job. As stated in the hypothesis, this effect may occur because less experienced individuals are simply more swayed



by organizational promises due to their less well-developed cognitive schema. Additionally, it is possible that newcomers who have greater experience of organizational promises in a healthcare context are less swayed by new promises simply because they know, through experience, that many promises may ultimately remain undelivered.

One puzzling finding was that perceived promises had a greater effect on service quality focus in those individuals who perceived themselves to be less able to deliver high quality work. This interaction was in the opposite direction to that which was hypothesised. One possible explanation for the finding is that organizational promises effectively negate the effects of an environment that makes it difficult to deliver quality, perhaps because of the motivational effects which promises provide. In these environments, employees may be encouraged to increase their attention to quality despite the difficulties they face in doing so, perhaps by engaging in more extra-role behaviour. Citizenship-type behaviours were not examined as an outcome variable in this thesis although they may be captured in part by the service quality focus measure, and previous research has shown associations between perceived promises and citizenship behaviours (Hui et al., 2004). Finally, neither perceptions of previous organizational quality or current team quality were influential in the link between perceived employer promises and outcomes.

### **8.5 The effect of knowledge on employee outcomes via the mediating role of psychological contract evaluations**

This section of the analysis examines the hypotheses that form the first part of Model Two. Specifically, it is concerned with the development of newcomers' perceptions of psychological contract fulfilment and violation, and the way in which this development affects employee outcomes. To recapitulate the hypotheses, it is expected that the knowledge which is gained up to and including the adjustment stage will influence the extent to which employees perceive psychological contract fulfilment and violation during adjustment. Greater knowledge is expected to result in more positive evaluations of the psychological contract, because there is greater congruence between newcomer and organizational perceptions about the terms of the deal. Perceptions of violation, which involve a strong emotional reaction, lead to decreased staff outcomes as newcomers decline to return organizational contributions

and trust in the relationship drops. In the case of fulfilment, the simple provision of inducements is expected to positively influence attitudes. Knowledge is also expected to have a direct effect on all staff outcomes through a process of uncertainty reduction. A summary of this set of hypotheses is shown in table 8.21 at the end of this section.

#### 8.5.1 Analysis

The analysis tested the hypotheses in two steps. The first examines the direct effects of socialization knowledge on all outcomes using linear regression analyses. The second uses mediation analyses to examine the role of psychological contract evaluations in the relationship between knowledge and employee outcomes. The mediation analyses again follow the procedure proposed by Preacher and Hayes (2004) using a bootstrapping procedure. Twelve such analyses are presented: one for each of the six outcomes where fulfilment is the proposed mediator and one for each of the six outcomes where violation is the proposed mediator. Although fulfilment is expected to predict only the attitudinal variables, results for all variables are shown. Both sets of analysis follow Cohen et al.'s (2003) procedure for the analysis of regressed change over time. In each regression, the outcome variable is regressed on the predictor variables whilst controlling for the earliest corresponding value of each. The independent variable in each analysis is the degree of socialization knowledge gained throughout the study. The two mediator variables are psychological contract violation and psychological contract fulfilment. Rather than being concerned with the degree of change in these variables, the hypotheses refer to an absolute measure of each construct after twelve month's service. For this reason, only the time three value of each variable was entered into each regression analysis.

#### 8.5.2 Findings

Table 8.16 details the results of the regression analyses examining the direct effects of knowledge on each of the employee outcomes, divided into the three groups of attitudes, well-being and service quality. The only significant direct effects of knowledge are on commitment, where a positive relationship is seen, and on stress, where a negative relationship is seen which is significant at the 10% confidence level. There is no such relationship between knowledge and any of the other

variables, and in each case the models are a poor fit to the data. Hence, there is no support for hypothesis 13c, relating to service quality, although there is partial support for hypotheses 13a and 13b, relating to attitudes and well-being.

Turning to the indirect effects predicted by this set of hypotheses, Table 8.17 presents the regression models examining the indirect effect where the hypothesised mediator is violation. Here, it was hypothesised that increased knowledge leads to decreased violation and, subsequently, better outcomes on every variable measured. It is clear that violation is significantly predicted by acquired knowledge; the addition of knowledge into the model explains 17 percent of the variance in violation. Hence, the independent variable in the analysis predicts the proposed mediator. Moreover, the analyses conducted on the six outcomes of interest reveals that violation is a significant predictor of each variable, with the exception of performance. Effect sizes are generally quite large, explaining additional variance of between nine and twenty percent of the outcomes, although this figure is rather lower for intention to leave. Turning to the findings from the bootstrapping analysis shown in table 8.20, each of the mediating effects implied by the regression analyses is significantly different from zero, except for that of job satisfaction. Hence, the analysis fully supports hypotheses 14a and partially supports hypotheses 14b and 14c; violation mediates the relationship between knowledge and at least some aspect of attitudes, well-being and service quality.

Finally, table 8.18 presents the analyses testing the mediating role of psychological contract fulfilment in the relationship between knowledge and outcomes. Knowledge predicts the proposed mediator, fulfilment, in the first regression analysis. This model appears to be a good fit to the data, with the addition of knowledge explaining 20 percent of the variance in fulfilment. Moving along the table to the relationships between fulfilment and each of the outcomes, three outcome variables are significantly predicted by fulfilment. The addition of fulfilment to the model explains an additional 21 percent of the variance in commitment, although this figure is only three percent and five percent respectively for intention to leave and job satisfaction. None of the outcomes of service quality are significantly predicted by fulfilment. Table 8.19, detailing the results of the bootstrapping procedure for this analysis, confirms what the regression analyses imply: there is a significant mediating effect

of fulfilment on the relationship between knowledge and both of the attitudinal outcome variables, and there is a mediating effect between knowledge and job satisfaction, one of the well-being variables. Hypothesis 15 predicted that only the well-being outcomes would be predicted, and hence receives only partial support.

Table 8.16: Direct effects of knowledge on employee outcomes

Control variables	Attitudes		Well-being		Service quality	
	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	0.14	-0.22*	-0.08	-0.11	-0.23	0.01
Patient contact	-0.03	0.16	0.00	-0.01		-0.21
Female	0.06	-0.12	0.04	-0.22*	-0.14	-0.03
DV at T1	0.82***	0.56***	0.56***	0.68***	0.32*	0.49***
Knowledge at T1	0.12	-0.20	-0.01	-0.08	-0.02	0.02
Independent variables						
Knowledge T3	-0.04	0.32**	-0.19†	0.10	0.20	0.18
Model statistics						
N	64	80	80	64	61	65
R <sup>2</sup>	0.66	0.47	0.43	0.57	0.25	0.37
Adjusted R <sup>2</sup>	0.63	0.43	0.38	0.52	0.18	0.31
F	18.62***	10.91***	9.06***	12.58***	3.70**	5.72***
Control variables $\Delta R^2$	0.66***	0.40***	0.40***	0.56***	0.22**	0.35***
X & M variables $\Delta R^2$	0.00	0.08**	0.03	0.01	0.03	0.03

†p&lt;0.1; \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001

Table 8.17: Indirect effects of knowledge on employee outcomes via the mediating role of violation

Control variables	Mediator	Dependents					
	Violation	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	-0.06	0.11	-0.23**	-0.04	-0.06	-0.22	0.02
Patient contact	-0.01	-0.05	0.16	0.02	0.03		-0.20
Female	0.21*	0.01	-0.05	-0.02	-0.10	-0.03	-0.02
DV at T1		0.63***	0.48***	0.47***	0.36**	0.39**	0.50***
knowledge at T1	0.15	0.06	-0.12	-0.08	0.01	0.02	0.00
Independent variables							
Knowledge T3	-0.46***	0.01	0.15	-0.01	0.02	0.065	0.205
Mediating variable							
Violation T3		0.28*	-0.39***	0.382***	-0.51***	-0.35**	-0.02
Model statistics							
N	83	64	80	80	64	61	65
R <sup>2</sup>	0.23	0.69	0.59	0.53	0.68	0.35	0.39
Adjusted R <sup>2</sup>	0.18	0.65	0.55	0.48	0.64	0.27	0.31
F	4.59**	18.02***	14.83***	11.58***	17.06***	4.76**	5.10***
Control variables $\Delta R^2$	0.06	0.66***	0.40***	0.40***	0.56***	0.22**	0.35***
X & M variables $\Delta R^2$	0.17***	0.03	0.20***	0.13***	0.12***	0.13**	0.04

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt; 0.001

Table 8.18: Indirect effects of knowledge on employee outcomes via the mediating role of fulfilment

Control variables	Mediator	Dependents					
	Fulfilment	ITL	Commitment	Stress	Job sat	SQF	Performance
Age	0.05	0.13	-0.24**	-0.08	-0.10	-0.22	0.02
Patient contact	0.10	-0.01	0.13	0.01	-0.03		-0.20
Female	-0.05	0.05	-0.12	0.04	-0.19*	-0.13	-0.03
DV at T1		0.70***	0.50***	0.54***	0.60***	0.33*	0.50***
Knowledge at T1	-0.03	0.11	-0.18*	-0.01	-0.09	-0.04	0.00
Independent variables							
Knowledge T3	0.50***	0.02	0.13	-0.13	0.02	0.14	0.22
Mediating variable							
Fulfilment T3		-0.23*	0.41***	-0.12	0.25*	0.19	-0.01
Model statistics							
N	63	83	80	80	64	61	65
R <sup>2</sup>	0.23	0.69	0.60	0.44	0.61	0.28	0.39
Adjusted R <sup>2</sup>	0.18	0.65	0.56	0.38	0.57	0.20	0.31
F	4.71**	17.85***	15.53***	8.02***	12.71***	3.49**	5.10***
Control variables $\Delta R^2$	0.04	0.66***	0.40***	0.40***	0.56***	0.22**	0.35***
X & M variables $\Delta R^2$	0.20***	0.03	0.21***	0.04	0.05*	0.06	0.04

\*p&lt;0.05 \*\*p&lt;0.01 \*\*\*p&lt;0.001

**Table 8.19: Bootstrapping results for fulfilment models**

	Bias corrected indirect effect		Significance
	Lower CI	Upper CI	
ITL	-0.44	-0.01	P < 0.05
Commitment	0.20	0.69	P < 0.05
Job sat	0.03	0.36	P < 0.05
Stress	-0.36	0.01	ns
SQF	-0.03	0.28	ns
Performance	-0.20	0.10	ns

**Table 8.20: Bootstrapping results for violation models**

	Bias corrected indirect effect		Significance
	Lower CI	Upper CI	
ITL	-0.44	0.00	P < 0.05
Commitment	0.13	0.72	P < 0.05
Job sat	-0.07	0.41	ns
Stress	-0.75	-0.18	P < 0.05
SQF	0.01	0.43	P < 0.05
Performance	-0.10	0.13	ns

**Table 8.21: Summary of findings for hypotheses 13 to 15**

Hypothesis	Support
H13 <i>There is a direct and positive relationship between knowledge gained during organizational socialization and (a) attitudes, (b) well-being and (c) service quality during the adjustment stage.</i>	H13a: Partial H13b: Partial H13c: Unsupported
H14 <i>There is an indirect positive relationship between knowledge gained during organizational socialization and (a) attitudes, (b) well-being and (c) service quality during the adjustment stage. This relationship occurs through the mediating role of minimised perceptions of psychological contract violation.</i>	H14a: Supported H14b: Partial H14c: Partial
H15 <i>There is an indirect positive relationship between knowledge gained during organizational socialization and employee attitudes during the adjustment stage. This relationship occurs via the mediating role of greater psychological contract fulfilment.</i>	H15: Partial



### 8.5.3 Summary of this section

The purpose of this section was to examine the first part of Model Two, which concerns the role of perceived psychological contract evaluations in the link between knowledge and outcomes during organizational socialization. The hypotheses aim to demonstrate that the direct relationship between socialization knowledge and employee outcomes which has been demonstrated elsewhere (e.g. Ashforth, Sluss and Saks, 2007) occurs through the mediating role of psychological contract evaluations. The first point of note from the findings is that socialization knowledge was directly related only to commitment and stress. It is somewhat surprising that knowledge was not related to any aspect of service quality, since the link between knowledge and performance, for example, has been demonstrated in several previous studies (see Bauer et al., 2007, for a review). A possible explanation for this null finding is that many previous studies have examined performance as an outcome of socialization during the encounter stage. Here, service quality was assessed at twelve months, and it is possible that knowledge ceases to influence performance at this time, or that poor performers leave. The findings regarding the hypothesised indirect effects, on the other hand, were largely in line with the hypotheses. There was an indirect effect of knowledge, via the mediating role of violation, on some aspect of each of the attitudinal, well-being and service quality variables. Likewise, in line with the hypotheses, there was an indirect effect of knowledge on each of the attitudinal variables via the mediating role of fulfilment. Violation, therefore, appears to be more influential in the link between knowledge and employee integration than does fulfilment or knowledge alone.

## **8.6 Moderators of the relationship between psychological contract violation and employee outcomes**

This final section of analysis in this chapter deals with two hypothesised moderators of the relationship between psychological contract violation and service quality. In the case of perceived current team quality, it is expected that those individuals who work in high performing teams will have developed cognitive schemata that emphasise contributions relating to service quality. Following perceived violation, service quality is expected to be reduced to a greater extent in this group compared to others. In the case of previous organizational quality, those individuals who join from high performing organizations are hypothesised to enter with schemata which emphasise the provision of high quality service. In the event of violation, these individuals will reduce high service quality to a greater extent than others. These two hypotheses are summarized in table 8.24 at the end of this section.

### **8.6.1 Analysis**

Analysis of the hypothesised moderation effects was undertaken using linear regression analyses. Since the hypothesis referred to relationships that occur during the encounter phase of socialization, data for the analysis were drawn from the second and third time points, collected at three months service and at twelve months service. The dependent variables were regressed on the independents and moderators in a three-step procedure. First, the control variables were entered into each model in one block, followed by a second block containing standardized values for the independent variable and the moderator. A third block which contained the interaction term was then entered into each model. Significant interactions were plotted in graphical form by computing separate regression slopes for those individuals who were one standard deviation above the mean for the mediator variable and one standard deviation below the mean. Only newcomers who had joined the host organization from another job were included in the analysis examining previous quality as a moderator. At time three, this reduced the sample to the extent that it was not possible to perform the analysis for this hypothesised moderator.

### 8.6.2 Findings

Table 8.22 shows the result of the analyses concerning the hypothesised moderating effect of perceived team quality on the relationship between perceived violation and service quality. Step two shows a main effect of team quality on individual performance at both time points, although this is not the case for service quality focus. There is also a significant main effect of violation on service quality focus at both time points. The interaction term is significant for just one of the four analyses, where the dependent variable is individual performance at three months, and figure 8.10 reveals it is in the expected direction. An increase in perceptions of violation leads to a greater decrease in service quality focus for those in higher quality teams, effectively decreasing levels of this variable down to those of individuals in low quality teams. Hence, hypothesis 16 finds partial support.

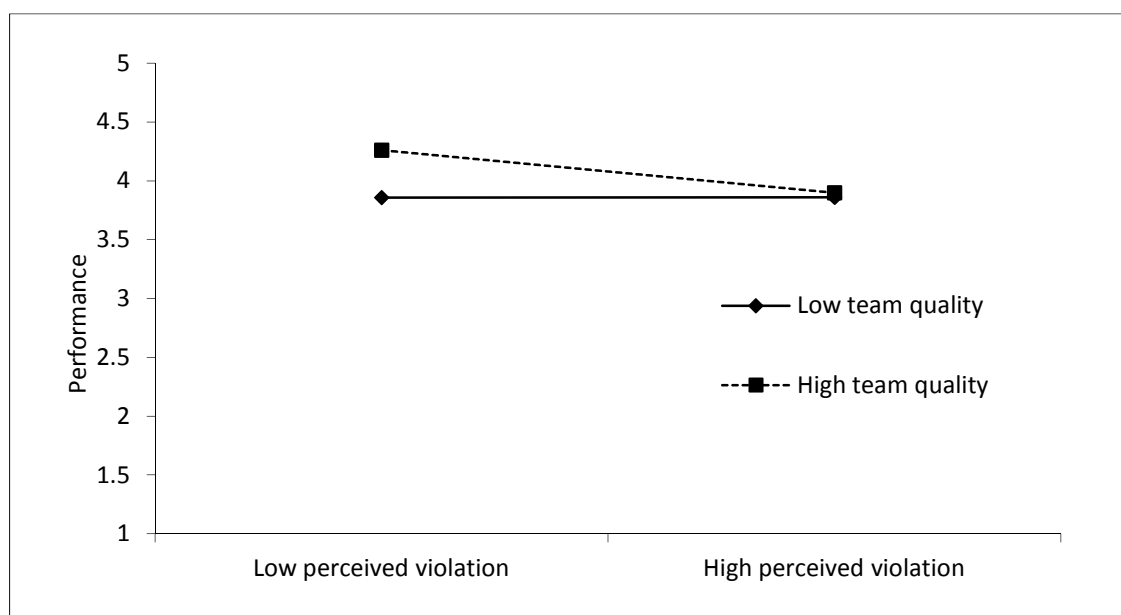
Table 8.23 shows the results of the analyses examining the hypothesised moderating effect of previous organizational quality on the relationship between perceived violation and service quality. At step two, there is a significant main effect of violation on both service quality focus and performance at three months, and on service quality focus alone at twelve months. There is also a significant main effect of previous quality on service quality focus at both rounds. One of the analyses reveals a significant interaction effect: previous quality is a significant moderator of the negative relationship between violation and performance at three months service. Figure 8.11 shows that the interaction is again in the expected direction. Violation decreases performance for those joining from higher quality organizations down towards the level of those joining from poorer quality organizations. Again, then, violation appears to negate the benefit which previous experience in a high performing organization may have on individual service quality focus. Therefore, hypothesis 17 also receives partial support from the analysis.

**Table 8.22: The moderating role of team quality in the link between violation and service quality**

Step one: control variables	Round two		Round three	
	SQF	Performance	SQF	Performance
Age	0.04	0.02	-0.19	0.01
Patient contact	--	-0.01	--	-0.21*
Female	-0.05	-0.04	-0.04	0.04
R1 outcome	0.52***		0.42**	0.49***
Step two: independents				
Team quality	0.07	0.19*	0.13	0.16
Violation	-0.37***	-0.16	-0.28*	-0.04
Step 3: interaction				
Team quality * violation	-0.13	-0.22*	-0.08	0.07
Model statistics				
N	107	149	62	70
R2	0.46	0.08	0.33	0.38
Adjusted R <sup>2</sup>	0.42	0.04	0.25	0.31
F	13.96***	2.03	4.41**	5.42***
Step one $\Delta R^2$	0.33***	0.00	0.21**	0.34***
Step two $\Delta R^2$	0.12***	0.04	0.11*	0.04
Step three $\Delta R^2$	0.01	0.04*	0.01	0.00

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

**Figure 8.10: The moderating role of team quality in the link between violation and performance**



**Table 8.23: The moderating role of previous organizational quality in the link between violation and service quality**

Step one: control variables	SQF	Performance
Age	0.16	-0.03
Patient contact		0.07
Female	-0.10	-0.15
Earlier outcome	0.10	
Step two: independents		
Previous quality	-0.30**	0.08
Violation	0.46***	-0.12
Step 3: interaction		
Previous quality * violation	-0.03	-0.27**
Model statistics		
N	70	
R <sup>2</sup>	0.41	0.10
Adjusted R <sup>2</sup>	0.35	0.04
F	7.31***	1.76
Step one $\Delta R^2$	0.11*	0.01
Step two $\Delta R^2$	0.30***	0.02
Step three $\Delta R^2$	0.00	0.07**

\*p<0.05 \*\*p<0.01 \*\*\*p< 0.001

**Figure 8.11: The moderating role of previous organizational quality in the link between violation and performance**

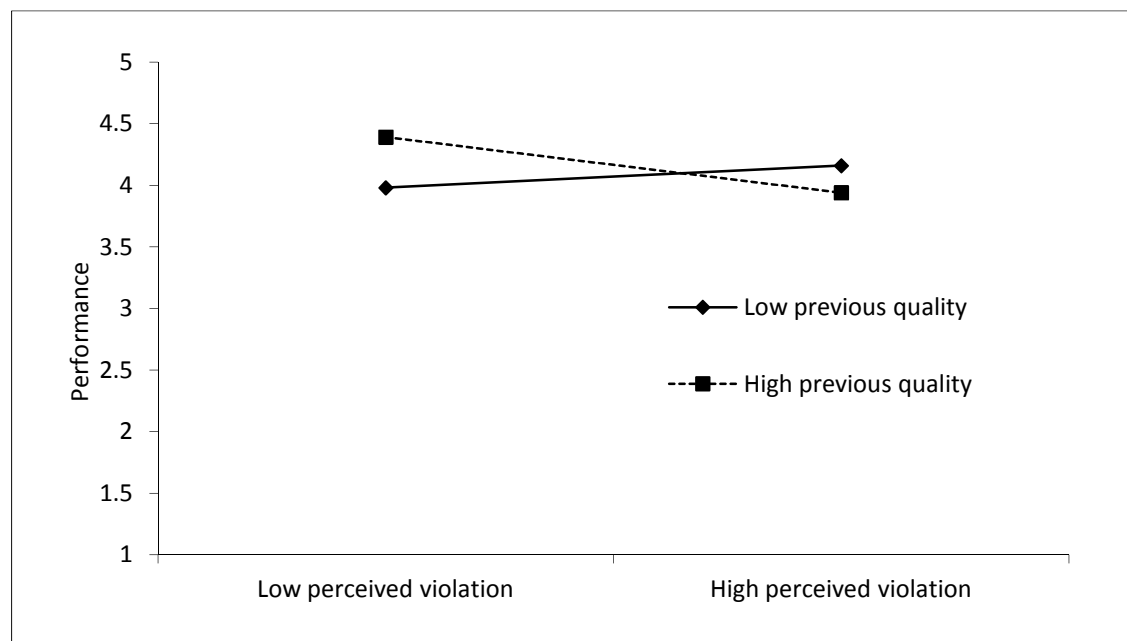


Table 8.24: Summary of findings for hypotheses 16 and 17

Moderators of the relationship between violation and service quality		Support
H16	<i>Perceived quality in the current team moderates the negative relationship between perceived violation and service quality, such that the relationship is more negative where perceived team quality is higher.</i>	H16: Partial
H17	<i>Perceived previous quality moderates the negative relationship between perceived employer promises and service quality, such that the relationship is more negative where previous quality is higher.</i>	H17: Partial

### 8.6.3 Summary of this section

The analysis revealed that perceptions of both current team quality and previous organizational quality moderated the relationship between violation and performance at three months' service. A potential implication of this set of findings is that neither of these factors is sufficient to "buffer" against the damaging effects of violation, to the extent that any beneficial effect is removed in the event of violation. A noteworthy aspect of the findings is that the moderating effect of team quality was not present at twelve months of service. This may be an effect of reduced statistical specificity cause by the decreased sample size at this time. Alternatively, any positive effect of the new environment may have disappeared by twelve months. This could be because those who benefit from such environments have fallen back to average levels of quality by this time, or because others have caught up. Having completed the analysis of Model Two, this section brings the empirical analysis in this chapter to a close. The final section will now draw together the findings and summarise their implications.

## 8.7 **Summary and discussion of quantitative study findings**

The purpose of this chapter was to present findings from the statistical analysis of data collected from the survey phase of the research. The data were collected and analysed on the basis of two hypothesised conceptual models, both of which predict

that communication during organizational socialization leads to better employee outcomes through the intervening role of the psychological contract. Model One hypothesises that information acquisition leads to the development of perceived employer promises during the early stages of socialization, and that this process leads to better employee outcomes. Model Two focuses on the later stages of socialization, when the psychological contract is expected to be more stable. Here, the specific knowledge acquired during socialization is hypothesised to influence the development of perceptions of fulfilment and violation, which in turn predict employee outcomes. The key contribution to the literature is that the psychological contract is viewed as an intervening variable in the socialization process rather than an outcome of successful integration.

Descriptive analysis of the data revealed that aggregate levels of many of the study variables became less positive over time. The cohort became less committed, reported lower levels of well-being and expressed greater intentions to leave across their first year of work. This is somewhat surprising, since it might be expected that participants would become more integrated over time and that some of those with the most negative attitudes would exit. Likewise, and in contrast to some other studies in the area (e.g. Thomas and Anderson, 1998), the aggregate level of perceived employer promises decreased over time.

Moving to the analysis of the two hypothesised models, the findings provide mixed support for most aspects of both models. Model One describes the process of organizational socialization that occurs during the anticipation and encounter stages. Pre-entry interaction with the organization, as well as information acquired through inquiry behaviour, predicted perceived employer promises measured during month one. Inquiry behaviour also positively predicted the change in the perceived employer promises between one month and three months, although information acquired through organizational efforts did not predict perceived promises at any time, suggesting that the most useful information with regard to the development of the psychological contract is actively sought by newcomers.

The major analysis of Model One related to a hypothesised mediation effect whereby information acquisition leads to better employee outcomes via the mediating role of the development of the psychological contract. Whilst this hypothesis could not hold

for organizational efforts, which did not predict the psychological contract, it held for inquiry behaviour in the models examining some of the well-being and attitudinal variables, although not for the service quality variables. Additionally, direct pathways emerged between inquiry and several of the attitudinal and well-being variables. Organizational efforts, on the other hand, directly predicted the service quality variables. The findings regarding the hypothesised moderators of the relationship of perceived organizational promises and employee outcomes also yielded some significant findings. In particular, the positive association between perceived organizational promises and some of the attitudinal and well-being variables was strongest for less experienced staff, suggesting the benefits which organizational action may have for these individuals. Taken together, there are two important implications of this set of results. The first is that inquiry appears to be the most influential method in terms of both psychological contract development and most outcomes of integration. Importantly, however, organizational efforts appear necessary to promote better service quality, suggesting that organizational efforts to increase performance can be effective. Indeed, a piece of post hoc analysis revealed that in the absence of useful information from organizational efforts, newcomer proactivity cannot influence quality. A second important implication of the findings is that, whilst the psychological contract clearly has a role to play in the link between information acquisition and employee outcomes, service quality was not affected through this indirect pathway.

The analysis of Model Two also produced enlightening findings. Here, the knowledge gained through socialization was hypothesised to lead to better employee outcomes through the mediating role of psychological contract evaluations. Specifically, there was expected to be an indirect pathway to employee attitudes via the mediating role of psychological contract fulfilment, and an indirect pathway to attitudes, well-being and service quality through the mediating role of psychological contract violation. Both of these hypotheses found at least partial support from the analysis. In contrast to Model One, many of the outcome variables were predicted through these indirect pathways, suggesting that psychological contract evaluations are more influential in socialization than are the promises themselves. As expected, perceptions of both previous organizational quality and current team quality moderated the link between previewed violation and service quality, such that



violation effectively reduced the positive effects of these factors. One of the most important implications of this set of findings is that violation appears to be far more influential, and damaging, than fulfilment or breach. This is in line with the general premise, covered in depth by the qualitative work in this thesis, that violation acts a “turning point” during organizational socialization which elicits sharp changes in employee perceptions.

There were also a number of important null findings in the analysis. In Model One, organizational efforts did not predict perceived employer promises as expected, suggesting that proactive behaviour is far more important at this early stage than less active means of information acquisition. A more general point is that some of the expected associations, particularly in terms of the correlation analysis, tended to occur more readily during the first two rounds of data collection, representing the earlier stages of socialization. Whilst the effect of the reduced sample size on the statistical power of the models at this later phase must not be discounted, neither must the possibility that tenure lessens the impact of the link between knowledge and outcome. An important exception to this temporal effect, however, was that the expected mediation effects were most often found in Model Two, which examined the later stage of socialization. Again, this highlights the importance of employee evaluations of the psychological contract and, crucially, suggests that evaluation of the deal is more important than the contents of the deal in this context.

To conclude, the two models presented and tested in this chapter received mixed support. Whilst not always a tight fit to the data, there are certainly a number of aspects of the findings which are novel to the literature, and which may help to explain some of the less-well understood aspects of socialization theory. This point applies to both the supported hypotheses and those which remained unsupported.

## Chapter 9

### Qualitative Findings

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The overarching aim of the analysis of qualitative data was to provide further information to complement the conceptual models described in chapter four. In particular, the interview series was designed to elucidate the way in which service quality is affected during organizational socialization. A further aim was to explore the potential turning points that are experienced by staff during organizational socialization, and how far these fit into the proposed psychological contract framework. The analysis therefore focused on how far instances of psychological contract breach and fulfilment act as turning points during the process of organizational socialization. As described in chapter seven, 41 newcomers to a hospital were recruited into the study with a brief interview on their first day of work, resulting in a total usable participant pool of 28 individuals after exclusions. The analysis reported in this chapter is based on the interviews with these 28 individuals. The chapter is divided into five sections. The first of these examines the general role of psychological contract breach in the sample, whilst the second examines instances where breach acted as a discrete turning point in the process. The third section examines general issues of psychological contract fulfilment, and the fourth examines instances where fulfilment acted as a turning point. The fifth section then describes a number of contextual and intervening factors that influenced the way that the psychological contract was experienced and played out during the process of socialization.

#### 9.1 Psychological contract breach during socialization

In line with the approach outlined in chapter seven, the initial analysis of the data involved the coding of psychological contract related information in order to ascertain the general pattern of responses and to provide information to facilitate further coding. The results of this analysis are presented in this section. In particular, the section reports on the type of breaches which emerged from the data, the follow-up points at which they occurred, and two other classifications of breaches which

arose from the data: the degree of explicitness or implicitness of the commitments to which the breaches pertained, and the extent to which breaches were either discrete or ongoing. This section also covers general consequences of psychological contract breach in terms of their effects on both newcomers and service users.

#### 9.1.1 Type and timing of breach

Table 9.1 details the number of participants who reported new psychological contract breach at each of the different follow-up points. As the table shows, the proportion of individuals reporting one or more breaches decreased over time; 71% of individuals reported some form of psychological contract breach at the ten week follow-up, but only 12% of participants reported breach at twelve months. One explanation for this drop is that those with significant problems with their employment relationship choose to leave either the organization or the study, an issue which is covered in more detail in the later sections of this chapter. Alternatively, Morrison and Robinson (1997) suggest that perceived breach is more likely in newcomers due to their increased level of vigilance in the face of uncertainty. It is important to note that the figures for each period include only new reports of psychological contract breach. Whilst several participants who remained in the study at the twelve month follow-up period discussed breaches which had already been disclosed in previous interviews, these are not included in the figures.

**Table 9.1: New psychological contract breach at all follow-up points**

Follow-up period	Total N	N reporting breach
Ten weeks	28	20 (71%)
Six months	23	8 (35%)
Nine months	19	8 (42%)
Twelve months	17	2 (12%)

Table 9.2 details the types of psychological contract breach experienced by participants during their first twelve months in the organization. As the table shows, analysis resulted in the emergence of nine distinct types of contract breach. Table 9.3 shows the occurrence of each of these types of breach across the 28 study participants. Again, this table contains only new instances of breach rather than

ongoing breaches reported at each round. As the table shows, many of the participants did not report breach at every follow-up. However, only one individual, participant 18, did not report any breach during the entire course of the study.

Table 9.2: Types of breach experienced by study participants

Type of breach	Description	Example
Training	Where the organization failed to fulfil a commitment to provide necessary training.	<i>I was promised that I'll have some other days to make up [the training] I should have covered...but sometimes they just won't give you that. P33</i>
Inadequate staffing	Where the organization failed to fulfil a commitment to provide adequate staffing to enable optimal newcomer performance.	<i>Although I've just started I was put into departments on my own after a week or two, just because they have to be manned and there was no other experienced people to do it. P7</i>
Support structure	Where the organization failed to fulfil a commitment to supporting newcomers, for example by providing mentoring, induction or appraisal.	<i>I have got a mentor but I've not really worked with her as much as I thought I would...I think I've worked something like two shifts with her since starting. P19</i>
Pay & advancement	Where the organization failed to fulfil a commitment to promote a newcomer, pay them a particular salary or provide a salary increment.	<i>As a radiologist you are supposed to get a pay increase after six months, and we were promised to get this...then all of a sudden they turned around and they said 'oh you can't have it unless you do this preceptorship programme'. P4</i>
Equipment	Where the organization failed in its obligation to provide equipment necessary to perform the job.	<i>We were supposed to have two computers in place for when patients arrive...they were in with the job description and have disappeared because of financial constraints. P16</i>
Rotation	Where the organization either removed a particular rotation placement or failed to rotate an individual at the promised time.	<i>When I applied for the job and I was given the rotation that I could choose from. That has changed...there's one in particular that now isn't there, which was actually one of the main reasons I decided to work here. P22</i>
Workload	Where the organization failed to fulfil a commitment relating to a particular level of workload or number of hours.	<i>We do a half an hour extra where I believe the trust gives us an incentive for it...the nurses, once they've done their handover...they can leave once their cover has come in. Our line manager said the same thing... once confronted by their manager they've backed down. P26</i>
Quality of care	Where the organization failed to support staff in providing an adequate standard of service quality or failed to maintain the level of service quality they had committed to provide.	<i>I have tried to improve the quality and I don't know if it has fallen on deaf ears or whether there is no progress with it. P38</i>
Time off	Where the organization failed to deliver on their obligation to provide reasonable time off or reneged on a specific promise of time off.	<i>When they hired me, one of the things I said...is me and [my sister] would have to have some of the holidays together. They said 'no problem'. Now because they are doing cuts they've just come to us and said 'now you can't'. P4</i>

Table 9.3: Types of breach reported at each follow-up across all participants

ID	10 weeks	6 months	9 months	12 months
3	Inadequate staffing		Time off Pay & advancement	
4	Training	Inadequate staffing Training Time off	Time off Pay & advancement	
5	Support structure	Training	Skipped interview	
6	Pay & advancement		Training	
7	Inadequate staffing Support structure		Pay & advancement Training	
8				Workload
10	Inadequate staffing	Training		Skipped interview
12	Inadequate staffing	Dropout		
14		Rotation Workload	Training	
16	Equipment	Quality of care		
18				
19		Dropout		
21	Support structure Training	Quality of care	Training	Left organization
22	Support structure Training Rotation			Left organization
23	Inadequate staffing		Skipped interview	
24	Support structure		Inadequate staffing	
26	Workload Support structure	Workload		Left organization
28	Support structure	Left organization		
30			Equipment	
31	Support structure			Workload Support structure Pay & advancement
33	Training Time off	Support structure	Pay & advancement	
34			Inadequate staffing	
35			Left organization	
36	Support structure	Maternity leave	Maternity leave	Maternity leave
37		Extended leave	Extended leave	
38	Support structure	Quality of care	Left organization	
39	Support structure			Left organization
41	Training	Inadequate staffing		

	Interview not conducted
	Interview conducted

Table 9.4 summarizes the types of breach reported by participants at each follow-up period. As the table shows, there was a general decrease in reported breaches over time. At ten weeks, an average of nearly one breach per individual was reported; this dropped to 0.2 breaches per participant by twelve months. The most common form of breach at ten weeks related to support, whilst training was the most common type of breach at six months and nine months. Across all rounds, these two types of breach were the most common, each being reported 12 times.

**Table 9.4: Summary of types of breach reported at each follow-up**

Type of breach	10 weeks	6 months	9 months	12 months	Total
Training	5 (18%)	3 (11%)	4 (14%)	0 (0%)	12
Support structure	10 (36%)	1 (4%)	0 (0%)	1 (4%)	12
Inadequate staffing	5 (18%)	1 (4%)	0 (0%)	0 (0%)	6
Workload	1 (4%)	2 (7%)	0 (0%)	2 (7%)	5
Pay and advancement	1 (4%)	0 (0%)	3 (7%)	1 (4%)	4
Time off	1 (4%)	1 (4%)	2 (7%)	0 (0%)	4
Rotation	1 (4%)	1 (4%)	0 (0%)	0 (0%)	2
Quality of care	0 (0%)	2 (7%)	0 (0%)	0 (0%)	2
Equipment	1 (4%)	0 (0%)	1 (4%)	0 (0%)	2
Total breaches in round	25	11	9	4	49
Total participants in round	28	23	19	17	--
Mean breaches per participant	0.9	0.5	0.7	0.2	--

### 9.1.2 Breaches of implicit and explicit commitments

A further emergent classification of the reported breaches related to the degree of implicitness (or explicitness) of the commitment to which the perceived breach pertained. Rather than emerging as a dichotomous category where breaches were either implicit or explicit, analysis suggested a bipolar spectrum. Table 9.5 shows examples of more implicit and more explicit breaches, where applicable, for each type of breach. More explicit breaches were those where participants reported that a commitment or promise had been explicitly made, either in verbal or written form, which had subsequently not been delivered. By contrast, more implicit promises

occurred when participants felt that the organization had failed to deliver on an implied commitment or obligation which was not specifically presented to them in written or verbal form, but which they nonetheless believed to have been made.

The spectrum of implicit to explicit commitments is illustrated by comparing, for example, the extracts shown in table 9.5 relating to breaches of “inadequate staffing” and “training” under the heading “more implicit”. In the former case, the participant describes a situation where the wards are understaffed and he is therefore unable to perform as effectively as he would like. He goes on to say that he would like management to resolve the situation but thinks that this is not possible due to budgetary constraints. By implication, this individual feels that the organization is obliged to ensure that wards are adequately staffed, even though no-one in the organization explicitly promised to do this. In the latter example of training, the participant says that she applied for her job on the basis of a midwifery course offered by the organization which she had seen on their website. She had assumed that it would be possible to enrol on this course, particularly in light of the organization’s apparent commitment to staff development which had been communicated at her interview. Upon entering the organization, she was told that it was not possible to do this as there were no places available. In this case, no-one had promised, in verbal or written form, that the participant could enrol on this course. However, there is more of an explicit element here than in the previous example in that the participant perceived that the training would be delivered based on communication with the current organization. A good example of a breach of a purely explicit promise can be found in the example relating to training under “more explicit”. In this case, the participant reported that she was clearly told at induction that she would receive four weeks of training; in the event, only three weeks of training were provided.



Table 9.5: More implicit and more explicit breaches

Type of breach	More implicit	More explicit
Inadequate staffing	<i>The whole department's been restructured. The emergency department can be quite heavy at times and sometimes the staffing levels don't reflect that. P10</i>	N/A
Training	<i>I spoke to the Director of Midwifery about a course that I wanted to do... she said there's no place for me to do my placements, even if I go for the course...it's one of my main reasons for coming to [the hospital]. P33</i>	<i>In the beginning they said we have four weeks of training when actually we only had three weeks...they broke the promise there. P4</i>
Support structure	<i>There was no structure. Which one I am going to look after, what ward, it was not very clear. So they just let me go on with my job, and I pushed them a few times to ask them 'can you just tell me what I need to do or am supposed to do, what ward I need to look after'. P28</i>	<i>The talked about supervision structure that would be there, that hasn't really happened... from that point of view, it's probably not the impression I was given. P7</i>
Pay & advancement	N/A	<i>The pay reported when we applied was completely different from the salary pay that appeared on the payslip...he said it's the NHS so that's what they do, because normally they put you on the same scale that you were on. But the advertisement didn't say so. P33</i>
Equipment	N/A	<i>Ever since I started we've been promised a rebuild...but there is still no dates, no plans. P30</i>
Rotation	N/A	<i>It was all very well structured when I was offered the position, six months in one place, one month or a month and a half in another place, and it has not been like this. p14</i>
Workload	<i>One of the things I was told at induction was that the NHS was trying to increase the time that nurses spent with patients. In fact, we are trying to tick all the boxes, every single one that they want. That's time wasted that we don't get to spend with our patients. P14</i>	<i>My working hours are going to change, especially with Dulwich closing down. The department working hours, staff numbers and the department are going to change and obviously that wasn't what I expected or knew that I was coming into. P23</i>
Quality of care	<i>I've been here a few months and I see that it's shouting a big game, that it's so forward thinking and very dynamic, very different. But actually there are some things that small hospitals were doing a couple of years ago that they're just bringing in now. P16</i>	N/A
Time off	N/A	<i>It was very clearly spelt out during the interview that 'we are very, very committed to give everybody the opportunity to do what is convenient'. I remember going to somebody to ask for some days off, and the person wasn't very happy...they said one thing in the interview and then in practice it's different. P33</i>

The distinction between implicit and explicit breaches also highlights a distinction in the way organizational newcomers came to perceive commitments. Specifically, the basis for implicit commitments did not tend to be specific to the current organization. Rather, implicit commitments were usually obligations which arose from an employee's view of their profession. This point can be illustrated by returning to the first example in the paragraph above relating to breaches coded as "inadequate staffing". In these cases, individuals generally believed that their organization was obliged to provide a level of staffing necessary to provide safe patient care. However, no participants reported that an organizational insider had made an explicit promise in this regard. Rather, through previous experience and knowledge of the role of a healthcare worker, participants implicitly believed that an organization with the goal of providing care to patients is under obligation to provide their staff, as individuals, adequate support to enable this to be achieved. By contrast, explicit commitments were more likely to involve discrete, personal promises that were made by the current organization.

A further two points of note emerged with regard to the distinction between breaches of implicit and explicit organizational commitments. The first of these was that several categories of breach pertained only to either implicit or explicit commitments. Breaches relating to inadequate staffing and quality of care were always implicit, since employers never explicitly made promises in these areas. Breaches relating to pay and advancement, equipment, rotations and time off always related to explicit promises. The remaining categories of breach were made up of both explicit and implicit commitments. A second notable aspect of this set of findings was that, in most cases, the obligations inherent in implicit breaches were not identified until a perceived breach occurred. For example, many individuals felt let down by the poor levels of staffing and demonstrated the perception that the organization was obliged to provide such resources. However, none of these individuals had earlier identified adequate staffing levels as an obligation of the organization, and very few referred to this when directly asked how far the organization fulfilled its promises and obligations. Breaches of explicit commitments, on the other hand, were often raised in the day one interview and then in response to direct questioning about organizational fulfilment at a later time. Thus,

in many cases, implicitly perceived organizational obligations only became notable by study participants in their absence.

### 9.1.3 The temporal nature of psychological contract breach

A particularly striking emergent finding from the interviews related to the “resolution” of perceived breach. In particular, the interviews revealed a spectrum in terms of the extent to which breach could be considered *discrete* or, by contrast, *ongoing*. Examples of discrete and ongoing breaches are shown in table 9.6. Discrete breaches were those where an obligation was not fulfilled and no room was left for future fulfilment to occur. In the first example in table 9.6, the individual learnt that she was not on the pay scale at which the post had been advertised, and that the organization would not be revising her salary. In the second example, the individual learnt that a particular rotation which had attracted her to the organization was not, in fact, being offered by the organization. In both of these cases, the breach can be considered to be discrete because there is no room for negotiation on the issue.

Ongoing breaches, on the other hand, were those where the perceived terms of the deal had been breached, but the possibility remained for future fulfilment, albeit on revised terms. The first example in table 9.6 shows a common form of ongoing breach, where staff believed that the organization had failed to fulfil their obligation to provide adequate staffing. In this case and many others, however, there was some suggestion that staffing would be improved in the future, and that the commitment would therefore be fulfilled at a later time. The second example relates to training, whereby the organization had broken a commitment to provide mandatory training by the ascribed time. Again, however, a further commitment was made that the training would be undertaken at a later time. Both of these breaches can therefore be considered to be ongoing in that the employee was left waiting for the commitment to be fulfilled. Discrete breaches tended to relate to more explicit and quantifiable issues, whereas ongoing breaches were more often based on less well-defined implicit obligations.

Table 9.6: Discrete and ongoing psychological contract breaches

Discrete breach	Ongoing breach
<i>The pay reported when we applied was completely different from the salary that appeared on the payslip...he said 'it's the NHS so that's what they do, because normally they put you on the same scale that you were on'. But the advertisement didn't say so. P33</i>	<i>The biggest problem is not having enough staff...the pressures that are put on people because there's not enough nurses but there isn't enough money to get more people... I think they're looking at employing more nurses and so it should change. P12</i>
<i>When I applied for the job I was given the rotation that I could choose from. That has changed...there's one in particular that now isn't there, which was actually one of the main reasons I decided to work here. P22</i>	<i>With the training I was made to believe I'd get on these courses than I'm perhaps going to, and a lot of them are things that I need to progress in my career. So I would obviously want to get them done as quickly as I can, and it now looks like I won't get done after the 6 months. P10</i>

#### 9.1.4 The consequences of psychological contract breach

In terms of the individual consequences of psychological contract breach, participants reported feeling dissatisfied, unhappy or annoyed with the organization following such an event. A particularly notable aspect of the findings in this respect was that, whilst the occurrence of new breaches of the psychological contract decreased over time, the memory and effects of older breaches often lived on in the minds of participants. Reported breaches were rarely events that occurred in isolation at a particular point in time. Rather, they were part of a process of the changing nature of the employment relationship with the organization. Participants therefore often continued to suffer the effects of the breach over time. This was particularly the case for the breaches classified as ongoing, since staff were reminded of the negative side of their work on an ongoing basis. Additionally, some participants continued to raise discrete breaches during interviews, even at the twelve-month follow-up. The effects of breaches relating to training and understaffing appeared to be particularly long lasting, because they represented a barrier to effective working and placed stress on staff. Thus, as participants experienced more breaches, they became less satisfied. In this way, psychological contract breach was “additive” over time in terms of effects on newcomers. This issue is explored further in the section examining breaches as turning points.

A second notable emergent finding concerned the way in which reported breach was perceived to affect quality of service. Analysis revealed that psychological contract breach did indeed affect service quality in a number of cases, and that this occurred through both direct and indirect means. Examples of these direct and indirect effects on service quality are shown in table 9.7. Direct effects on service quality were those where the breach had an observable and tangible effect on some aspect of quality of care. These types of effects occurred after breaches of commitments relating to training and understaffing, since staff reported that they lacked either the resources or the knowledge to perform specific aspects of their job as a result. Indirect effects were those where aspects of psychological contract breach led to feelings of demotivation, which in turn led to reduced quality behaviour on the part of the individual concerned. Indirect effects on service quality were reported rather rarely, whereas direct effects were reported more often. However, it is important to note that in the majority of cases, participants stated that breach of the psychological contract had no effect on service quality, because they had simply worked around issues to ensure that patients were not affected.

Table 9.7: Direct and indirect effects of psychological contract breach on quality of service

Indirect effect	Direct effect
<i>If there's no support...you get fed up...de-motivated, don't really want to do anything, because you can't do it, it's just a bit frustrating. P24</i>	<i>We were even less than the minimum we are meant to be of an evening shift. I mean this was extreme ...it was just by pure luck that the Obstetrics theatre finished in time for the staff to come down and us to do the operation that we needed to do. P41</i>
<i>I think it brings the whole morale down. I think a lot of people just can't be bothered to work and you see some people talking and gossiping and you think 'oh hang on a minute why should I do all the work?'. You see it quite a lot. A lot of people just chat and you know taking things really slowly, whereas if everyone got on a bit better I think that people would work as more of a team. P39</i>	<i>It is staffing and lack of beds and obviously we've got such a high turnover...there's been a couple of instances where the ward hasn't been safe...In one instance we had 4 tracheotomy patients who obviously really need to be closely supervised and only two trained nurses on the ward...we need one trained nurse for each tracheotomy patient. P10</i>
	<i>The other radiographer is with A&amp;E... we don't have a receptionist...I had patients buzzing on the door. I also had patients waiting to have x-rays done, and I had [Doctor x] needing a hand. I was trying to be four men today. Patients were starting to get angry with me because they were waiting an hour plus. P7</i>
	<i>There's a lot of visitors. If anyone slips and falls and injures themselves, that's not good because no-one has been there to clean. I think that's not very good performance by [the hospital's] staff. I've been doing a lot of stuff that I shouldn't have to be doing. But I've been doing it because of my patients and because of [the hospital] and because I'm proud of the work I do. P14</i>

#### 9.1.5 Summary and discussion: psychological contract breach

Nine distinct forms of psychological contract breach emerged from the data, many of which were somewhat specific to the healthcare sector, reflecting the findings of Bunderson (2001). Of these, breaches relating to training, support structures and inadequate staffing were the most often reported, with breach in general reported most often at the earliest stage of socialization. Two emergent classifications of

breach were found in the data: the extent to which breaches were explicit or implicit, and the extent to which they were resolved or left ongoing. These classifications map on to the features-based account of McLean Parks et al. (1998) to some extent. In particular, the explicitness of the breach is similar to McLean Parks, Kidder and Gallagher's notion of "tangibility", defined as the extent to which the individual believes the terms of the deal are "unambiguously defined, explicitly specified and clearly observable to third parties" (p. 708). Likewise, the issues with the duration of breach which emerged here are similar to their notion of "time frame", the degree to which the individual believes "the relationship to be short- or long-term" and "finite or infinite" (p. 712).

The analysis revealed that many promises, particularly those coded as implicit, arose not from interaction with organizational insiders but from general work experience. That is, many of the promises might be more appropriately thought of as being inducements which the organization is obliged to provide. An example of this type of factor is adequate staffing support, where newcomers knew from previous experience that a certain level of support is required in order to do the job. This finding is reminiscent of Morrison and Robinson's (1997) assertion that staff consider the prevailing social contract in their evaluation of whether the deal has been fulfilled. Likewise, the finding provides some support for Shore and Tetrick (1994), who believe that the initial psychological contract is formed by expectations arising from previous experience. The data here imply that this experience is extremely important, since perceptions formed in this way were often those that were breached. In terms of consequences of breach, the data showed that breach affected service quality delivered to patients through both direct and indirect means, and that the effects on newcomers themselves were negative and often long lasting, in some cases being additive over time.

## **9.2 Psychological contract breaches as turning points**

As described in the methodology section of this thesis, analysis of the interview data involved the exploration of "turning points", events that appeared to precipitate a sharp change of direction in staff perceptions. Section 9.1 revealed that the psychological contract breaches described by participants were not often discrete events in time and were often additive in nature. This suggests that whilst

psychological contract breaches form an important part of organizational socialization, their effect is largely one of a gradual erosion of attitudes rather than of discrete turning points. However, the data did reveal a number of exceptions to this. In particular, two specific sets of conditions emerged under which psychological contract breaches acted as discrete turning points which precipitated a rapid change in attitudes and, in some cases, job search behaviour. The first of these related to the salience of the promise or obligation to which the breach pertained, whilst the second related to the occurrence of a threshold in the case of repeated breach. These two sets of conditions are described in detail below, whilst a third section then describes the facilitators and barriers to the two types of turning point.

#### 9.2.1 Breaches and commitment salience

Table 9.8 shows excerpts from interviews conducted with each of the individuals who experienced turning points arising from the perceived salience of the breached promise or obligation. Five out of the total sample of 28 individuals involved in the study experienced turning points of this type. The defining factor in this type of psychological contract breach was that the promise or obligation to which the breach pertained was deemed important enough to warrant a sharp change in attitudes or behaviour. This was manifested through either the expression of desire to leave the organization, the reporting of job search behaviour or, in some cases, exit from the organization. The crucial element in participants' decision making process was the inducement being offered by the organization; when this inducement was removed, the remaining inducements offered by the organization were no longer deemed to be of sufficient value to warrant staying. As shown in table 9.3, each of these five individuals reported other breaches during the lifetime of the study. However, these were not coded as turning points, because the commitment was not deemed by the individual to be of sufficient salience to warrant a sharp change in attitudes.



Table 9.8: Psychological contract breach as a turning point in the case of commitment salience

ID / follow-up	Breach	Reaction
P3 / 9m	<i>When we first started one of the reasons we accepted the job ...was because we both could go on holidays together.....they say that now only one of us can go</i>	<i>It doesn't necessarily mean that me and her have to leave, it just means one of us has to leave and try to get a new job so we can both go at least to these important occasions</i>
P4 / 9m	<i>When they hired me...I actually said that one of the things is obviously me and [my sister] would have to have some holidays together. They said 'no problem'. Now because they are doing cuts they've come to us and said 'now you can't'. For me that is definitely not acceptable.</i>	<i>If they start making rules when only one can go on holiday it's wrong, which was not part of the deal when they hired me. Those things don't make me feel so connected to [the hospital]...I already told my boss that if I find something else that will allow me to change from [the hospital] I will leave.</i>
P22 / 3m	<i>When I applied for the job and I was given the rotation that I could choose from. That has changed...there's one in particular that now isn't there, which was actually one of the main reasons I decided to work here. So I feel that's a little bit misleading.</i>	<i>I'm not loving it to the point I've started looking for other jobs...I liked the actual rotation that I was on, but the thought of going to the next rotation that I was due to go on would not have been great...It doesn't really worry me that they changed their plan, because you know you can always leave. You don't have to stay there.</i>
P24 / 3m	<i>It took about a month before I could give out medications, so staff would have to help me with my medications...it was really difficult to give paracetamol, it was really frustrating...Support has been a big problem.</i>	<i>I don't really like it....I think I'm going to actually look for a new job, I don't know if I actually like [the hospital]...I'm not too keen.</i>
P33 / 3m	<i>I spoke to the Director of Midwifery about a course that I wanted to do...and she said there's no place for me to do my placements, even if I go for the course...on the internet, [this] is the only hospital in London that's principal in that area...it's one of my main reasons for coming to [the hospital].</i>	<i>I am thinking about whether to stay here and continue to wait for the course, or to try somewhere else.</i>

The first two participants from table 9.8, participants 3 and 4, were sisters who joined the same department at the same time as trainee clinicians. At ten weeks, they separately described an uneasy relationship with their manager who they felt to be unhelpful and overbearing. Psychological contract breaches were then reported relating to inadequate staffing, time off and access to training. Although both were unhappy with some aspects of their jobs, at six months they each reported that they were planning to stay in the organization. At nine months, however, they reported that their manager had not allowed them to go to a family wedding together. This was a breach of a relatively explicit organizational commitment, since the sisters had asked at their interviews if they could take time off together. As a result, they decided between themselves that at least one of them would need to leave the organization so that a similar situation would not arise in the future; at twelve months both were looking for alternative employment. The third individual in table 9.8, Participant 22, was an occupational therapist who joined the organization on a rotational programme only to discover that the particular rotation which had attracted her to the job had been discontinued. An additional breach, relating to the lack of a promised mentorship programme, was also reported at ten weeks. At six months the participant reported that she was looking for other jobs, and at nine months she had found one and moved on. Although she reported additional circumstances which led to her decision to leave, such as a house move and a general unhappiness with the organization, the removal of the rotational placement appeared to be the precipitating factor in her decision to exit the organization.

The fourth individual in table 9.8, Participant 24, was a newly qualified nurse who joined the organization on a rotational training programme. Upon entering the ward of her first placement, she complained of poor line management and clinical supervision, culminating in her still being unable to administer simple medication at one month's service. As a newly qualified member of staff who relied on a clinical supervision structure, this breach was important enough to compel the participant to report, at ten weeks service, that she was looking to exit the organization. In the event, this individual in fact chose to stay as a result of a positive turning point which led to a subsequent upturn in attitudes; this event is described later in the section on fulfilment related turning points. The fifth and final individual who experienced a turning point related to commitment salience was participant 33, an experienced

midwife who joined the organization on the basis that she could undertake a particular type of midwifery training which was offered there, but not at her previous organization. At ten weeks, she reported that the course she wished to undertake was now unavailable, since policy change meant that places were now offered only to doctors. Although she experienced other breaches during the twelve months she was involved in the study, the importance of this training, and the fact that its perceived availability was a major driver for her joining the organization, led her to consider searching for a post where she could undertake this course. Like participant 24, however, a later positive turning point led her to make the decision to stay with the organization.

### 9.2.2 Breaches as threshold events

The second set of circumstances under which psychological contract breaches became turning points concerns two cases where the addition of a particular breach, on top of a series of other breaches, appeared to push individuals over a threshold and towards a new course of action. Table 9.9 shows excerpts from the interviews with these two individuals.

Table 9.9: Psychological contract breach as a turning point in the case of threshold events

ID / follow-up	Breach	Reaction
P7 / 12m	<i>As radiographers you're supposed to [get] an increment in the band increase...we never got that because they had a look around and came with any excuse not to give it to us.</i>	<i>All of us are looking for new jobs and moving on.</i>
P26 / 6m	<i>Support-wise they're terrible...a patient said I was rude to them... basically it's my word against the patient's word and she's believed the patient...she gave me an informal warning.</i>	<i>I'll be honest with you if you want to know: I'm not going to stay. That's not the sort of environment I can work in.</i>

The first example of this type of tipping point comes from participant 7, a trainee radiographer who experienced a difficult time during his first year of work. Upon

commencing his new post he learnt that there was a recruitment freeze and that the whole department would likely be closing down. He therefore perceived that the promised opportunities for advancement had been removed, and reported a breach at ten weeks relating to inadequate staffing, as other team members left but were not replaced due to a lack of funding. Additionally, he was not provided with a promised mentorship programme, and the situation worsened as he reported an additional breach relating to the removal of promised training. He also reported significant problems in dealing with a manager who he considered to be unsupportive and lacking in management skills. Finally, at nine months he reported that a discretionary salary increment, due to all radiography trainees at six months service, had not been provided; instead, the departmental management were delaying the payment until staff demonstrated certain aspects of continuing professional development. Although stating that the increment was of little monetary value and conceding that he may risk receiving a poor reference by leaving, at this time he decided that he'd had enough and would leave the organization.

The second example of a psychological contract breach acting as a threshold event comes from participant 26, a customer services officer in the emergency department whose primary responsibility was dealing with new hospital admissions. Entering a busy department, she reported breaches at ten weeks and six months relating to a lack of support and the removal of an agreed incentive to work extra hours. At the nine month follow-up, however, this individual reported that she had finally left the organization due to one further breach which had apparently led to her relationship with the organization deteriorating beyond repair. The breach related to an incident with a patient who had made a complaint about her for rudeness, which she felt to be unfounded, to her line manager. She was then issued with formal warning by her line manager, although she felt that this had happened without any effort to establish the facts of the case. She considered this to be a serious breach of her employers' obligation to support her and to protect her from patient aggression. As a result, she felt she could no longer work with the employer and returned to a customer services post outside of the healthcare sector.

### 9.2.3 Facilitators and barriers to breaches as turning points

Beginning with breaches as turning points relating to commitment salience, individuals who did not experience this type of turning point were simply those who did not deem a breached commitment to be of particular personal importance. The specific factors which contributed to the salience of a commitment varied between individuals. For two participants it was an unusual personal situation relating to specific arrangements for time off. For a newly qualified member of staff it was the clinical supervision structure, for a more experienced member of staff it was a particular rotation and for a highly experienced individual it was a specific training course. Turning to breaches as threshold events, the two individuals who experienced these events appeared to experience a similar journey through their first year with the organization. Both reported significant breaches of the psychological contract, poor relationships with their management and a general unhappiness with their new workplace at the first follow-up. As the study progressed, additional breaches were reported by both participants and their situations appeared to worsen. Crucially, none of the organizational commitments to which reported breaches pertained were subsequently fulfilled at a later time. Both employees therefore appeared to have a negative experience upon entering the organization, which set in motion a downward spiral of attitudes and an ongoing erosion of their relationship with the organization. At some time, one final breach pushed each of the employees into making the decision to begin job search behaviour.

The individuals coded as experiencing turning points, either through commitment salience or threshold events, were by no means the only participants who reported a negative experience at organizational entry or who found that a commitment of personal importance was breached. However, several factors emerged which appeared to protect other participants with similar experiences from reporting turning points. First, a number of participants who experienced serious breaches at the ten week follow-up went on to report at one of the later follow-up points that the commitment had subsequently been fulfilled by the organization. In this way, organizational fulfilment of a commitment which was previously perceived to have been breached acted as an upward turning point, stemming the erosion of staff attitudes. This issue will be covered in more detail in the following section on

fulfilment. A second factor which appeared to protect against breaches becoming turning points was the provision of organizational support. Support from a line manager or supervisor appeared to be particularly important in this regard. Both of the individuals who experienced threshold event breaches reported a poor relationship with their line management which began at the first follow-up point and continued throughout the study. This can be contrasted with participant ten, for example, a newly qualified nurse who reported breaches with staffing levels and undelivered training but who described excellent support from colleagues and her manager. Over time, the initial breaches appeared to become less important to this employee, and by the end of the study she appeared to be satisfied with her job and integrated into the organization.

A third factor which appeared to buffer against breaches becoming turning points was the nature of the role itself. In particular, several participants experienced breach events to which they demonstrated significant adverse attitudinal reactions. However, because of the rotational nature of their post, some seemed relatively unconcerned since they knew that they would be moving to a new ward within a matter of weeks or, at the most, months. One example of this situation was provided by participant 14, a newly qualified nurse from Portugal. Experiencing difficulties adjusting to nursing in the UK, he reported psychological contract breaches during his first six months relating to his workload. Of greater concern to this individual, however, was the delay of his rotational changeover to a new ward. When he eventually moved to the new ward, he left behind the problems with his previous ward, and subsequent interviews showed an upturn in attitudes.

#### 9.2.4 Summary and discussion: breaches as turning points

The most important finding from this section of the analysis is that psychological contract breaches, in some cases, do indeed act as turning points in the process of socialization. Two sets of conditions emerged under which breaches acted as turning points. First, breaches acted in this manner when they were, for a variety of reasons, of particular personal importance to the individual, a situation experienced by five of the individuals in the study. Second, breaches became turning points when they acted as a threshold event following several previous breaches. An important implication of this set of findings is that the turning point events experienced by these

participants are analogous to the experience of psychological contract violation described by Morrison and Robinson (1997). Whilst many individuals experienced breach, it was only in the case of the two types of turning point described here that newcomers exhibited strong emotional reactions and a sharp change in attitudes, well-being or behaviour. These findings support those from the quantitative analysis, which also showed that violation elicits stronger reactions than fulfilment or breach.

In terms of the extant literature, the findings described here draw obvious parallels with the shock events described by Lee and Mitchell (1994) in the unfolding model of voluntary turnover, although this model has never been explicitly applied to the process of socialization. The two sets of factors which precipitated turning points also draw parallels with other aspects of the psychological contract literature. A theoretical paper by Schalk and Roe (2007) discusses a "tolerance band" for breach outside which individuals desert the deal which is somewhat similar to the issue of salience discussed here, whilst Morrison and Robinson's (1997) model of the development of perceptions of psychological contract violation contains the similar concept of "outcome assessment". Here, empirical evidence is provided for the existence of such a mechanism. Threshold effects for breach have also been discussed previously in the literature. A survey study by Rigotti (2009), for example, showed that the effects of breach on attitudes are not always linear. Rather, at some point a threshold is crossed when the impact of additional breach on attitude becomes much stronger. A small qualitative study by Parzefall and Coyle-Shapiro (2011) also suggests that minor breaches may be additive in nature until, at some point, employees react by withdrawing commitment. However, both of these studies are cross-sectional in nature. The analysis undertaken here adds to these findings by demonstrating through longitudinal methods that breaches, if left unresolved, can be additive over time until staff finally "snap".

### **9.3 Fulfilment of the psychological contract**

Whilst the coding of perceived breaches of the psychological contract proved to be a relatively straightforward procedure, isolating instances of psychological contract fulfilment within the interview data was rather more difficult. This was because, in general, participants did not tend to discuss psychological contract fulfilment. Nonetheless, the interviews did highlight several important issues around the way in

which participants responded to questioning around fulfilment and its perceived consequences.

### 9.3.1 Perceptions of psychological contract fulfilment

During all interviews, the primary method through which the researcher attempted to elicit data about the fulfilment of the psychological contract was via a set of questions, appearing towards the end of the interview schedules, which related to participants' perceptions of organizational fairness and the extent to which organizational "promises or commitments" were fulfilled. Typically, these questions tended to elicit two patterns of responses. The first, demonstrated by the majority of study participants, occurred where the participant indicated that the organization had, in general, delivered upon their promises and commitments. Within this response pattern, participants tended to refer to the fulfilment of explicit promises, such as those relating to the provision of training that had been discussed at their interview or described in the job advertisement. In some cases, participants stated that fulfilment had generally occurred but with some exceptions. This was often the case where it had emerged previously during the course of the study that the individual perceived the organization to have breached some explicit commitment. The fulfilment of implicit obligations was rarely acknowledged; perceptions of implicit organizational commitments are by nature implicitly held, and therefore only tended to become a matter of discussion for participants in the case of breach where they are brought into the conscious. Likewise, participants who had previously described the breach of an implicit organizational obligation rarely mentioned this as an exception to general fulfilment, despite acknowledging this elsewhere during the course of the study. In general, therefore, most study participants opined that the organization had generally fulfilled its promises and obligations with the exception, in a few cases, of breaches of explicit commitments.

The second response pattern which emerged with regard to the fulfilment of organizational promises occurred where participants indicated that the organization had not made any promises or commitments and were therefore not in a position to fulfil them. Participants tended to view the lack of organizational commitments in a positive light, since the unwillingness to make promises that could not be kept was viewed as a demonstration of trustworthiness. In some cases, participants exhibited



this response pattern in addition to the first pattern outlined above, stating that their managers had fulfilled the promises that they had made *because* they did not make promises that they couldn't keep. Again, these statements referred to the more explicit forms of organizational commitment. Thus, participants often stated that promises or commitments were not made or were only made when they could be kept.

### 9.3.2 The consequences of fulfilment

The most notable emergent finding regarding the consequences of psychological contract fulfilment was their relative absence. Where fulfilment was reported, as it was in the majority of cases, participants did not tend to demonstrate any obvious attitudinal or affective reactions. Rather, psychological contract fulfilment was discussed with a sense of detachment or ambivalence. Thus, participants often spoke of the fulfilment of psychological contract perceptions using phrases such as "I can't complain" (participant 34), with fulfilment rarely viewed with enthusiasm. In fact, psychological contract fulfilment, be it relating to explicit or implicit promises, was viewed by many participants as the norm; something which was entirely expected and was viewed as being only satisfactory when it occurred. This was in contrast to the outcomes of psychological contract breach, which were almost always viewed negatively by participants and was usually accompanied by more obvious attitudinal or affective reactions.

### 9.3.3 Summary: psychological contract fulfilment

This section has described some of the emergent themes around psychological contract fulfilment. Many participants expressed the view that most commitments had been delivered or that commitments were not made if they could not be fulfilled, something which was viewed in a positive light by participants. Moreover, very few participants demonstrated any kind of attitudinal or affective reactions to fulfilment, instead seeing it as something which was their right. Perhaps the most useful finding from this section, therefore, is that fulfilment was not generally something to which participants paid much heed, except in its absence.

## 9.4 Psychological contract fulfilment as a turning point

As discussed above, reported fulfilment of psychological contract commitments did not, in general, improve attitudes in the same way that reported breach worsened them. However, several exceptions to this emerged from the data. Specifically, fulfilment acted as a turning point during socialization, which led to an upturn in attitudes, under two specific conditions. The first of these situations, discussed briefly in the section on breach, occurred where fulfilment related to an explicit promise that had previously been breached. The second situation under which perceived fulfilment acted as a turning point was where over-fulfilment occurred. These two sets of circumstances are described in greater detail in the following two sections.

### 9.4.1 Fulfilment as a turning point in the case of previously breached commitments

The first set of circumstances under which fulfilment acted as a turning point, and consequently affected participant attitudes, was when the fulfilment related to a commitment which had previously been breached. As described earlier, a notable aspect of the breaches reported by newcomers related to the degree to which they were discrete or, by contrast, ongoing. Ongoing breaches were the key to fulfilment acting as a turning point because, in some cases, they were reported to have been fulfilled at a later follow-up point. In this respect, this process of breach and then later fulfilment is synonymous with the “delay” type of breach identified previously by Cassar and Briner (2005), where a commitment is delivered later than expected. The key point here with regard to turning points in the socialization process is that whilst the initial breach often initiated a drop in attitudes, the subsequent fulfilment of the commitment acted as a turning point in that the negative attitudes were removed and, in some cases, reversed into particularly positive attitudes. Each of the examples in table 9.10 illustrates this pattern: a commitment was initially undelivered at the expected time leading to a downturn in attitudes; later, the commitment was fulfilled, leading to an upturn in attitudes. Thus, rather than simply halting a decline in attitudes but leaving them in a generally negative state, the perceived fulfilment actually led to an upturn in attitudes, serving to integrate the individual in the organization. This type of turning point was relatively common in the data, being experienced by 10 of the 28 study participants during the course of

the research, none of whom left the organization voluntarily during the study. Six of these instances occurred at the six month follow-up, three at the nine month follow-up and one at the twelve month follow-up.

An important point of note with regard to this type of turning point is that not all instances of fulfilment of previously breached commitments acted in this way. Rather, the commitment to which the breach pertained needed to be of sufficient salience to the participant in order for the breach to cause negative attitudes, and for fulfilment to subsequently reverse these. For example, participant 16, a manager of a new patient support centre, reported a breach involving the organization's failure to provide a number of computers for the use of patients. However, she did not demonstrate particularly negative attitudes as a result of this breach as it was not a very important aspect of the running of her centre. When the computers were finally delivered at a later time and the commitment was fulfilled, therefore, she did not demonstrate a sharp upturn in attitudes.

Table 9.10: Fulfilment as a turning point in the case of previously breached commitments

ID	Initial breach	Later fulfilment	Reaction
3	<i>Regarding promises, sometimes I don't feel like the management deals with us is very...correctly...It's just [her] attitude, I don't like it so much sometimes...to tell you the truth, because I'm being so honest, I think that I would rather do something else.</i>	<i>My manager...she has changed. She has improved the way she deals with us...I think that probably she appreciates my job a little bit more or the way I deal with patients...she's like a total different person now.</i>	<i>It's better now in my opinion...because I have more confidence in what I'm doing. So if I have more confidence I feel less stressed...if you feel like you're not achieving anything that creates more stress.</i>
23	<i>When I first started they weren't really sure even who my supervisor was going to be...I had to ask 'where do I fit it, where am I, what am I doing?'</i>	<i>I've got a new supervisor now...I had to ask but it all got sorted out...they were trying to close down hospitals so they weren't too sure...but everything's sorted now.</i>	<i>It's going really well, I'm happy...no problem at all now...It's really good.</i>
24	<i>It took about a month before I could give out medication...it was really difficult to give paracetamol, it was really frustrating...support has been a big problem... the manager, she's not a very supportive person at all.</i>	<i>My manager, she's on maternity leave at the moment...I told my PDN there were lots of things I didn't understand, so he's put me on a five day course.</i>	<i>I like it now...it took a long time to get used to the ward but it's a lot better now.</i>
33	<i>I spoke to the Director of Midwifery about a course that I wanted to do...and she said there's no place for me to do my placements...[this] is the only hospital in London that's principal in that area...it's one of my main reasons for coming to [the hospital].</i>	<i>I was telling you about the courses developed by midwives and how it was very difficult because of some kind of attitude [the PDM] had... she's been away for some time now, and somebody else is doing her job... she'll see how best to help me go on the course.</i>	<i>I don't think I have any problems as far as work is concerned.</i>

#### 9.4.2 Fulfilment as a turning point in the case of over-fulfilment

The second set of circumstances under which psychological contract fulfilment acted as a turning point in the socialization process was in cases where over-fulfilment occurred. In such cases, commitments were perceived to have been fulfilled over and above the level expected by participants. This type of turning point occurred in two of the individuals involved in the study, both of whom reported it at the ten week follow-up. As table 9.11 shows, the fulfilled commitments for both participants related to the provision of training during their first few weeks in the post. Although both of these individuals were relatively experienced, they reported a strong appreciation of the support they received. Where turning points involving the fulfilment of a previously breached commitment tended to halt or reversed a decline in attitudes, over-fulfilment turning points appeared to lead to rapid integration, setting the course for a positive journey through socialization. Thus, the two individuals who reported over-fulfilment at the ten week follow-up appeared to integrate quickly into their post, went on to report a general happiness with most aspects their work at each additional follow-up and, subsequently, remained with the organization at twelve months.

Table 9.11: Fulfilment as a turning point in the case of over-fulfilment

ID	Over-fulfilment	Reaction
18	<i>It is [what I expected] and with a lot more...basically it's just the training I've received with regard to the dental side. I've never done dental before, but I've received quite a lot of support</i>	<i>[It's going] brilliantly...I'm extremely happy</i>
6	<i>To be honest actually better than I thought it would be, I had more support than I thought I would have...they had somebody to work with me for my first few shifts which was really nice, although I've had lots of experience in the new born unit it is nice to have somebody just to show you how they do things.</i>	<i>It is going really well, I find everyone is really nice and friendly here...it is good so far</i>

### 9.4.3 Summary of this section

The first set of circumstances under which psychological contract fulfilment acted as a turning point was where a previously breached commitment was subsequently fulfilled, whilst the second was where over-fulfilment of a perceived commitment occurred. An important finding from this part of the analysis, therefore, is that psychological contract fulfilment can act as a turning point during socialization, in the same way that psychological contract breach can.

There are two important aspects of these findings in relation to the extant literature. The first is that the findings in both this section and the last section are somewhat reminiscent of Herzberg, Maunser and Snyderman's (1959) classic two-factor model of satisfaction. In Herzberg et al.'s model, hygiene factors fulfil basic needs and do not increase satisfaction, but can decrease satisfaction in their absence. Higher order motivating factors, on the other hand, increase satisfaction when they are provided by the organization. Here, perceived employer promises appear to act in this way. Under normal conditions, fulfilment was barely noticed but simply treated as something to which the employee was entitled. However, as per Herzberg et al.'s hygiene factors, these promises and obligations caused negative reactions upon their removal. Fulfilment also acted as a motivating factor that led to an upward turn in attitudes under specific sets of conditions: either when it related to a promise which had previously been removed or when over-fulfilment occurred. This is a relatively new finding in the literature. One difference between this set of findings and the two-factor theory is that Herzberg et al.'s motivation and hygiene dimensions relate to different factors. Here, however, each promise could act as both a motivating factor and a hygiene factor depending on the method or extent of fulfilment.

A second important point regarding this set of findings relates to the debate around the relationship between breach and fulfilment. Many studies in the area have been conducted under the assumption that breach and fulfilment of the deal lie at opposite ends of a bipolar and linear continuum. More recently, several others (e.g. Conway and Briner, 2002) have suggested that breach and fulfilment may in fact have differential effects on outcomes. As Conway and Briner (2005) suggest, one explanation for these differential effects may be that breach and fulfilment lie on entirely different continuums. This explanation appears to be partially supported by

the analysis undertaken here. Specifically, whilst unfulfilled promises were always problematic, fulfilment only registered with participants under specific conditions.

## **9.5 Contextual and intervening factors**

The analysis also captured several emergent contextual and intervening factors that were influential in the socialization process. Two related to what will be termed the “localization of the psychological contract across time, where aspects of the psychological contract began as external issues but, over time, came to be increasingly localized. The first important theme in this respect related to the changes over time in the attributions which participants made for the psychological contract breaches they experienced, whilst the second concerned changes in the identity of the organizational actors involved in communicating and delivering the deal over time. The third important contextual factor related to the role of local level influences more generally in newcomer integration, whilst the fourth concerned differences in participants’ previous experience with other organizations.

### **9.5.1 Localization of attributions**

Across all of the interviews, a strong emergent theme concerned how participants attributed the breaches which they had encountered and how, for some, this changed across time. During the early stages of organizational socialization, particularly at the ten-week follow-up point, participants who had experienced breach tended to make one of several types of attribution. In a few cases, and generally where the breach was of particular personal importance to the individual, attributions were made to local issues such as line management or the prevailing culture within the local area. In the majority of cases at this early stage, however, participants tended either to avoid making any particular attribution for the breach, or to attribute the breach to external causes such as general NHS issues, economic problems or hospital wide issues. In fact, even where it appeared that the breach was related to a case of ineffective management co-ordination or poor communication, participants often avoided identifying this. This preference for not attributing undelivered commitments to local issues appeared to reveal an uneasiness in newcomers to demonstrate a negative opinion of their management at such an early stage. Rather, many participants appeared to favour giving the organization a chance to improve.

As discussed earlier, this confidence was warranted in a number of cases, since several breaches were eventually fulfilled (albeit later than expected). Thus, during the early phase of socialization, many participants attributed breach to external sources.

As has been demonstrated earlier in this chapter, however, in several cases participants became unhappier as the study progressed and perceived psychological contract breaches remained unfulfilled. In such cases, attributions which began as being external became more localized. Where participants began by attributing breaches to the economic situation, for example, they later began to attribute them to the inefficiency of their managers. Tables 9.12 and 9.13 show examples from two participants; note that these are the same two individuals featured in the earlier section about breaches as “tipping points”. Beginning with table 9.12, it can be seen that at ten weeks, broken promises are described as a “necessary evil” and out of local managers’ control, a pattern which continues to the six month follow-up. At nine months, when a number of additional breaches have been experienced and are still unresolved, the participant begins to blame local management. At twelve months, the participant’s attributions have become localized to the extent that he suspects that the failure to provide a promised salary increment is a deliberate act of sabotage on the part of his manager, designed to upset him and his colleagues. Table 9.13 demonstrates a similar pattern in the interviews of participant 26. At ten weeks, the participant describes her local managers as being “very good” and suggests that her problems with workload and support are instead due to poor support from the “upstairs” senior management. As the study progresses, however, the breaches are no longer attributed to senior management. Rather, the inability of local managers on the shop floor to stand up to these “upstairs” managers is seen as the problem. Thus, in both of these examples, the lack of psychological contract fulfilment and worsening staff attitudes over time are accompanied by a localization of attributions for breach.



Table 9.12: Breaches and attributions case study A - participant 7

Follow-up	Breach	Attributions
10 weeks	Understaffing Advancement	<i>Just because there's a financial situation, there's been a lot of promises and doors that have unfortunately had to close...unfortunately there's nothing really the managers can do, because they've got to do the best that they can with what they've got. So it was a bit unfair, but it was unfortunately a necessary evil.</i>
6 months	Understaffing Advancement	<i>It's been a bit tough last couple of weeks, because you know there's all the staff cuts and stuff...My manager's desperate to get some more people but she just can't, she's not allowed.</i>
9 months	Understaffing Advancement Increment Training	<i>Well it is just the management is rubbish, it is really bad...[the management is the] reason for the understaffing. I think the Dental Department has got one of the worst staff retention rates in the entire hospital...I was told a story... a couple of people lasted a day.</i>
12 months	Understaffing Advancement Increment Training	<i>The manager's the main problem with the workload...she just keeps doing stupid things. There were six members of staff today, and then I find myself over an hour at lunchtime being the only staff member there. She had sent herself and five other people off on lunch...very poor management skills. [The increment is] only fifty quid a month. I'm not sure it's so much saving money; I think that was more of a way to try and get to us a little bit.</i>

Table 9.13: Breaches and attributions case study B - participant 26

Follow-up	Breach	Attributions
10 weeks	Workload Support structure	<i>You get blamed for a lot of things...the blame always ends up coming down to reception and sometimes it really wasn't reception's fault. The [local] support is very good...our management team, they're not that bad as managers.</i>
6 months	Workload Support structure	<i>Your line manager makes one decision but when she's confronted by her manager they back down on their decision... I don't understand but you've already agreed that with your staff.</i>
9 months	Workload Support structure	<i>I don't think management has the proper training. They are not managers... the ones who are downstairs in the office. I don't actually think they have got the correct management skills.</i>

### 9.5.2 Localization of responsibility for the psychological contract

A second and related emergent theme of note concerning the localization of psychological contract issues over time related to what will be termed the “responsibility” for psychological contract issues. Here, the key point is the difference between how commitments were initially made to organizational newcomers and who, subsequently, was perceived to hold the responsibility for fulfilling them. In describing this issue, it is important to note that many of the commitments described in the interviews were made either prior to or during the very early stages of data collection. In the case of implicit commitments, participants often made assumptions based upon their previous experience; in the smaller number of explicit commitments, participants usually entered the role having already come to perceive the commitment at interview or during their first few weeks. Consequently, the majority of commitments were perceived to have been made at an organizational level i.e. either through some form of organizational literature or by an individual representing the organization as a whole.

As the study progressed, however, it became clear that the responsibility for delivering upon these commitments was perceived to lie with individuals at a more local level, as participants entered their own local area of work and communicated primarily with local staff rather than agents of the organization as a whole. In particular, the local gatekeeper for most work-related activities was the line manager. Thus, whilst commitments in many cases were not actually made by the line manager, over time the line manager became the individual who was responsible for fulfilling them. As described in the preceding section, one consequence of this process was that, in some cases, local managers became the focus of blame for the failure to deliver perceived commitments which they had not personally made.

### 9.5.3 The role of local socialization

A third overarching contextual factor of influence on individual journeys through socialization related to the role of the local areas in which participants worked. The individuals in the study entered different departments and represented a broad spread of staffing groups, including midwives, nurses, scientists, customer services staff and ward administrators. The disparate environments which these individuals entered had

a strong effect on the way in which they integrated at work and the way in which they experienced psychological contract related events. The importance of local level integration cut across almost every other emergent finding in the study because, as discussed in the previous section, the responsibility for fulfilling organizational promises lay most often with local managers. This produced large variance across individuals in their experience of psychological contract events, particularly in terms of whether or not instances of breach or fulfilment came to act as turning points.

One emergent finding through which the importance of local socialization became obvious was through discussion around how far participants had integrated at work, where participants almost always discussed the level of social inclusion they had achieved within their own team or department. Integration into the organization as a whole was seldom mentioned, and participants seemed genuinely unconcerned about it when prompted. Employees alluded to features of the physical environmental or their role which negated the need to integrate into the hospital, examples of which are shown in table 9.14. Moreover, successful integration was largely conceptualized in terms of building social networks. As a result, many participants, including those who experienced significant numbers psychological contract breaches and even some who left the organization as a result, reported that they felt integrated despite these issues. In fact, several of these individuals reported that they were able to offset the negative events they had experienced through their own proactive behaviour and ability to make friends. Related to this, some participants complained that the organization wide corporate induction was rather functional in nature. Hence, the induction session did not appear to have had a large role in “socializing” newcomers beyond providing basic functional information. Instead, newcomers appeared to need to integrate themselves on a social level. Indeed, when asked about their biggest achievement at work, a number referred to the way in which they had managed to integrate on a social level, despite all the difficulty they had experienced.

Table 9.14: Examples of lack of perceived integration into the organization

Participant	Feelings about organizational integration	Perceived cause
P16	<i>I guess if anything I feel more part of this building and the ethos of the building...I don't feel like I am part of the hospital staff...I don't particularly feel part of [the hospital].</i>	<i>I think maybe that is a little bit to do with geography, you know I am not based on the main hospital so people don't walk past the Centre every day.</i>
P18	<i>I would say [I am integrated] in terms of my job and the other departments within the Dental Institute...I don't think I am worried about [the organization as a whole].</i>	<i>Where I am, as long as I am comfortable and I am happy within the Dental Institute, that is good enough for me.</i>
P31	<i>I say it is quite important to work with the team. The organization as a whole is a bit strange.</i>	<i>There are a lot of people who slightly resent us because we have a habit of taking their patients. I think most hospitals have it where the A&amp;E staff are slightly separate, because we just take people's work.</i>
P6	<i>I just know about maternity really and I don't even know about the paediatric ward because we don't work with them much [although] in fact, we are part of their directorate.</i>	<i>We're a bit isolated up there on the fourth floor.</i>

#### 9.5.4 Previous experience

The final factor that appeared to intervene in the process of organizational socialization, as examined under the current framework, was the previous experience of each of the study participants. In examining the journey of each individual throughout the study, it became clear that their reactions to the different events that occurred under the psychological contract framework were to some extent dependent on their previous experience. One particularly notable effect of previous experience was that individuals with significant experience in their own professional role within the NHS appeared to exhibit greater general satisfaction throughout. For these individuals, the role was already relatively clear and they knew what to expect from the NHS and the job. Participant 34, a highly experienced neonatal nurse, is a good example of this type of individual: she entered the organization, reported few breached commitments and integrating quickly with little problem. Participant 33, a highly experienced midwife, provides another example of this type of journey. Her

situation was slightly different in that she did experience a number of perceived psychological contract breaches during the study. However, she did not exhibit significant attitudinal reactions to these, and when she did contemplate leaving it was because a desired training course was not available. Indeed, this participant remarked in the early stages of the study that “I know the midwife area is always busy....midwifery is midwifery, no matter where you find yourself”. This comment summed up the detachment with which a number of the more experienced participants viewed their relationship with the organization. Their major affinity was to the profession; any relationship with the organization was viewed as less consequential. Thus, for experienced individuals who know what to expect, coping with integration and psychological contract issues appeared to be easier and, crucially, less fraught with emotion.

By contrast, less experienced individuals, who represented the majority of participants, reported much greater difficulty with psychological contract breaches. Participant 14, for example, was a newly qualified nurse who complained at every round of breaches relating to workload, feeling that the organization was asking him to undertake duties which fell outside his remit as a nurse. However, his only previous experience was in Portugal, where it appeared the role of a nurse involved different duties to that of a nurse in the NHS. This case also raises a somewhat related point; the most commonly experienced breaches were often those which related to commitments that were of most obvious importance to the less qualified members of staff. As table 9.4 showed, the most common breaches were those relating to training, support and staffing levels. Unfulfilled commitments in these areas led to serious problems for inexperienced individuals, who at entry were unfamiliar with both their surroundings and the tasks which made up their jobs. For more experienced staff, however, these types of commitments were far less important. The interviews, therefore, showed considerable evidence that the way in which psychological contract related events were experienced during organizational socialization differed between more experienced and less experienced staff.

#### 9.5.5 Summary of this section

This section described four emergent contextual factors that influenced participant's journeys through the process of organizational socialization. First, for participants

who endured a particularly negative experience, the attributions made for psychological contract breaches appeared to become more localized over time. Second, and related, a localization effect over time also emerged which related to the perceived responsibility for fulfilling commitments. Both of these issues provide support for Morrison and Robinson's (1997) model of the development of violation. Morrison and Robinson state that breach will be more damaging where the organization is deemed to have deliberately or knowingly broken a promise. Here, the evidence additionally suggests that attributions for breach may be affected by repeated exposure to breach, such that attributions become more localized as participants try to make sense of their experiences. Likewise, according to the Morrison and Robinson (1997), the fact that those who make promises are often not those who are responsible for their delivery is one reason why incongruence may occur, although the likelihood of this happening can be reduced through communication with organizational actors. Here, organizational support, which may indicate greater communication between organizational actors and newcomers, was found to protect against the occurrence of breach.

Two other important contextual factors emerged from the analysis. First, there was a clear and overarching contextual effect relating to variance across local areas, which accounted for many of the differences in experiences across the group of study participants who worked within the same organization. This finding suggests that the approach taken in this thesis, which examines a group of individuals entering the same organization rather than entering many different organizations, is a useful way of studying organizational socialization. The finding also provides support for authors in the area who have emphasised the importance of local influences, as well as organizational level influences, in organizational socialization (e.g. Moreland and Levine, 2001). It is important to note that whilst some (but not all) newcomers experienced negative events that may have hindered their integration and reported that the organization paid little attention to induction beyond the provision of simple functional information, a good number reported that they were still able to integrate by fostering social ties locally through their own proactive behaviour. This finding goes some way to explaining the finding from the quantitative part of the research, where newcomer proactivity tended to influence attitudes and well-being, whereas organizational efforts tended to influence service quality. Finally, a further emergent

finding was that the previous experience of participants also appeared to account to some extent for this variance across individuals. This finding is important because it helps to explain some of the findings from the statistical analysis of Model One. The quantitative analysis revealed that previous experience moderated the relationship between contract formation and promises, such that the positive relationship was stronger for less experienced people. Here, the qualitative analysis shows that more experienced individuals were less in need of several types of commitment, explaining why this link occurred.

## **9.6 Summary and discussion: quantitative findings**

The analysis presented in this chapter sought to examine the socialization process undergone by a group of 28 hospital newcomers, with a particular focus on turning point events and their role in the overarching psychological contract framework. The chapter revealed a number of illuminating findings. Instances of psychological contract breach were reported with relative frequency, and all but one of the participants experienced breach at some time during the study. A broad range of perceived commitments were breached, some of which related to factors which were specific to the professional roles of the participants, such as quality of care. Two important emergent factors in the experience of breach related to the degree to which the breach was implicit or explicit, and the degree to which the breach was ongoing or discrete. Regardless of the type of breach, however, the effects were generally negative in terms of integration and affective reactions. By contrast, psychological contract fulfilment was reported rarely and often in the absence of any obvious consequences for participants. Indeed, many of the commitments forming the psychological contract became apparent only in their absence, mirroring Herzberg et al.'s (1959) two factor satisfaction model.

A particularly important finding was the emergence of four sets of conditions under which instances of psychological contract breach or fulfilment acted as discrete turning points during participants' journeys through organizational socialization. Breaches led to sharp downward changes in participant attitudes when they were either of particular personal importance to the individual, or when they acted as threshold events which followed a long process of deterioration in an employment relationship. Hence, breaches as turning points were analogous to psychological

contract violations. Conversely, fulfilment precipitated a sharp upward change in attitudes when it occurred in relation to a previously breached commitment or when over-fulfilment of a particular commitment occurred. These findings complement some aspects of Morrison and Robinsons (1997) work on the antecedents to violation, and suggest that breach and fulfilment appear to lie on quite different spectrums.

Finally, the analysis also revealed a set of contextual factors that accompanied or affected the process of socialization as conceptualized under the study framework. In particular, those individuals who were more experienced or who entered more supportive work groups appeared to have a better chance of integrating effectively. Particularly notable was that the perception of responsibility for the psychological contract often became more localized as the study progressed, with participants who underwent very negative experiences coming to attribute their problems to their local managers, further exacerbating the breakdown of their employment relationship. Finally, and importantly, various individuals demonstrated that even in the face of psychological contract breaches and poor organizational induction practices, they were still able to integrate on a social level through their own behaviour, underscoring the importance of newcomer proactivity.



## Chapter 10

### Discussion

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The purpose of this chapter is to provide a detailed discussion of the study findings. This is achieved by examining each aspect of the findings with regard to its relationship with the existing literature and the theory presented earlier. Additionally, the findings of the qualitative and quantitative analysis are integrated here. The chapter is made up of six further sections. The first section examines the direct role of socializing influences in employee outcomes during the socialization process. The second discusses the role of perceived employer promises in socialization, and the third examines the role of psychological contract evaluations in this process. The fourth section then discusses the role of turning points in the socialization process, before a fifth section discusses the overall implications of the findings for the models and for the literature more generally. Finally, a sixth section summarizes the discussion. Following this, a final concluding chapter summarizes the study's implications and limitations, and outlines directions for further research.

#### 10.1 Organizational socialization and employee outcomes

This section discusses the findings examining the hypothesised direct links between socializing influences and employee outcomes. Three sets of employee outcomes were examined, relating to service quality, well-being and attitudes. Socializing influences were expected to drive these outcomes through two pathways. The first of these occurs through the acquisition of information during the encounter stage of socialization, whilst the second occurs through the knowledge which has been internalized throughout encounter and adjustment.

##### 10.1.1 Information acquisition and employee outcomes during encounter

Turning first to the proposed direct relationship between information acquisition and employee outcomes, it was hypothesised that useful information acquired through both inquiry and organizational efforts would lead to better attitudes, well-being and service quality during encounter. The analysis revealed mixed support for this set of

hypotheses. Specifically, the usefulness of information received through inquiry behaviour predicted reduced intention to leave and lower stress, and increased commitment and job satisfaction across the first three months. By contrast, the usefulness of information provided through organizational efforts predicted only increased commitment, increased service quality focus and increased performance at this time. Hence, inquiry behaviour predicted a greater number of outcomes than organizational efforts. However, organizational efforts directly predicted the indicators of service quality, whereas inquiry did not. Additionally, an interaction effect emerged for the service quality focus outcome. This indicated that although inquiry alone was not related to an increase in service quality focus, the greatest increases in this dependent variable occurred where both organizational efforts and inquiry were deemed to be useful.

Previous research in this area has demonstrated that information seeking (Morrison, 1993b) and passive information acquisition (Kammeyer-Mueller and Wanberg, 2003) positively predict employee attitudes and performance. Likewise, whilst studies have rarely examined differences between active and passive methods, information acquisition during organizational socialization has been shown to predict increased well-being (Ostroff and Kozlowski, 1992). Hence, there is some evidence that active and passive information acquisition predict newcomer attitudes, well-being and performance, relationships that have usually been explained using uncertainty reduction theory. The analysis performed here revealed differential effects of these types of information acquisition on employee outcomes, representing a more complex set of findings than those described elsewhere in the literature or predicted by the hypotheses.

The first important point of discussion is that the quantitative study findings suggest that useful information acquired through organizational efforts promotes a focus on service quality, whereas useful information acquired through inquiry increases service quality focus only in the presence of useful organizational efforts. The qualitative analysis goes some way to revealing why this finding might have occurred. Through both participant narratives and the researcher's attendance at corporate induction sessions, it became clear that the purpose of this session was to provide only very basic information to organizational newcomers. It was also

apparent that the content of local socialization varied quite significantly between organizational subunits, with some newcomers given detailed introductions to their new work group and job, and others effectively left to their own devices. Importantly, poor quality socialization acted as a barrier to service quality, with several interviewees complaining about not having received the training which they needed in order to be able to provide high quality care. The clearest example of this situation was provided by participant 24, a newly qualified nurse. At the first follow-up, this individual reported that because she had not received the supervision she was promised, she was not even permitted to administer simple drugs to patients. Useful information provided through induction and training therefore appears to be a necessity for improving service quality focus during the first three months of work, and this information must be provided before inquiry behaviour can become useful. Hence, where the information provided by organizational efforts is not useful, newcomers may be prevented from acting upon information acquired through inquiry, even if it is perceived to be useful.

A second and related point of interest regarding this set of findings is that, whilst inquiry significantly predicted each of the attitudinal and well-being variables, useful information acquired through organizational efforts predicted only commitment. Moreover, there was no interaction effect between inquiry and organizational efforts for any of the attitude or well-being variables. This set of findings therefore implies that whilst information provided by the organization is necessary for the development of a focus on service quality, it was not necessary in this context for the development of attitudes or well-being. Conversely, inquiry behaviour is necessary for the development of positive levels of attitudes and well-being, but not for service quality. Again, a potential explanation for this finding arises from the analysis of the qualitative data. Several participants indicated that, even despite other problems at work, they continued to enjoy their jobs because they had integrated themselves and formed relationships with others within the organization through their own proactive behaviour. In the quantitative study, the information seeking scales assessed the usefulness of the information acquired by newcomers, both through inquiry and organizational efforts, in learning about their new role, team and organization. It appears, therefore, that useful information acquired through induction and training helped newcomers to learn about the “functional” aspects of the role, team and

organization. Hence, this type of information enabled newcomers to focus on and provide high service quality. Information which was directly sought out, on the other hand, focussed on the “social” aspects of the role, team and organization. As a result, this type of information led to more positive levels of staff attitudes and well-being.

#### 10.1.2 Knowledge and employee outcomes during adjustment

The second important direct relationship between socializing influences and employee outcomes assessed in the research concerned the role of knowledge in Model Two. Model Two focussed on the adjustment stage rather than the encounter stage. Consequently, rather than examining the rapid acquisition of information which is hypothesised to be of importance during the early stages of socialization, Model Two examined the effect of all of the knowledge acquired during the first twelve months of service. Greater knowledge acquired at twelve months was hypothesised to lead to better attitudes, well-being and service quality. Contrary to the hypotheses, however, the analysis revealed that the degree of internalised knowledge predicted only changes in organizational commitment and stress at twelve months. There were no direct relationships between knowledge and the other attitudinal, well-being or service quality variables. These findings conflict somewhat with those from the extant research literature, where Bauer et al.’s (1997) meta-analysis shows that the direct relationship between knowledge and various employee outcomes is relatively well-established. It is also important to note that whilst knowledge directly predicted only commitment and stress at twelve months in the current study, it predicted some attitudinal and well-being variables indirectly via perceived psychological contract fulfilment, and every variable except satisfaction and performance indirectly via perceived psychological contract violation.

One possible explanation for the failure of knowledge to predict most of the expected outcomes relates to the timing of data collection. The relationship was assessed using data collected at twelve months of service. However, much of the existing literature which has demonstrated a link between knowledge and employee outcomes has collected follow-up data at an earlier time. As Bauer and colleagues (2007) note in their meta-analytic review of the area, the mean difference between the first two time points used to collect data was 4.42 months, and the mean time point at which follow-up data were collected was at month six. Relatively few studies have assessed

the effects of knowledge on employee outcomes at twelve months. Here, knowledge had a relatively limited impact on outcomes at this time. In order to examine whether knowledge had a greater impact on employee outcomes at the earlier time point of three months, an additional piece of analysis was undertaken whereby the original regression analyses were repeated using the variables collected at three months rather than at twelve months. The results of this analysis indicate that knowledge did indeed have a stronger effect on employee outcomes at three months than at twelve months. At twelve months, socialization knowledge predicted only commitment and stress. At three months, however, knowledge predicted better levels of every variable except stress.

One possibility raised by this set of findings, therefore, is that the internalization of knowledge about the role, team and organization is no longer a direct determinant of many attitudes at twelve months. In the current study, the decision to follow-up participants at twelve months was based on a piece of pilot work, which revealed that the risk for voluntary turnover peaked around this time. Indeed, the results of the descriptive statistical analysis revealed that, in general, employee attitudes became less positive across their first year of work. The findings concerning the role of knowledge, however, suggest that this decline may no longer be driven by the adequacy of ongoing socialization after one year. It is important to note that the failure of knowledge to predict many employee outcomes at twelve months may also relate to the limited sample size at the third data collection point. Although those who responded at time three did not differ significantly from those who did not, there was a large amount of participant attrition. As a result, the potential for a type two error to occur in the analysis was greater at twelve months than at three months. Since there are many other factors which may influence the outcome measures examined, and only a small amount of variance was expected to be explained, it is possible that knowledge did have a small effect on outcomes at twelve months, but the study was not adequately powered to detect it.

### 10.1.3 Summary of this section

The discussion presented in this section has focussed on the findings from the analysis which assessed the direct effects of the socializing influence variables on employee outcomes. At three months, inquiry predicted several attitudinal and well-

being outcomes, whereas passive information acquisition predicted service quality focus. At twelve months, knowledge directly predicted only commitment and stress, although post-hoc analysis revealed that knowledge directly predicted most outcomes at three months. An important overarching point, therefore, is that the socializing influences appear to be more important for employee outcomes at three months than at twelve months. Indeed, notwithstanding the design issues previously discussed, the findings suggest that the acquisition of knowledge about the role, team and organization during organizational socialization may no longer be of much relevance to employee outcomes at twelve months service. These findings reflect the view of others, such as Louis (1980), who point to the encounter stage as the most critical in terms of its effect on newcomer integration. It is important to note, however, that knowledge did impact upon many employee outcomes indirectly at twelve months, through the mechanism of the psychological contract. The indirect effects of socializing influences on employee outcomes will be discussed in the following two sections of this chapter.

A further important implication of the findings discussed here is that the provision of useful information to newcomers during encounter, through organizational efforts such as induction and training, can lead to an increase in levels of service quality focus. However, well-being and attitudes were largely unaffected by organizational efforts, with these variables driven by proactive behaviour on the part of the newcomer. The results of previous studies (e.g. Morrison, 1993b; Kammeyer-Mueller and Wanberg, 2003) have suggested that both organizational efforts and proactive behaviour are influential in the development of high levels of performance and employee attitudes during socialization. However, the outcomes of proactive and passive information acquisition have not previously been adequately compared in a single study. Here, the results suggest that whilst the organization provided the information necessary to help deliver better outputs, individuals were effectively responsible for their own welfare.

## **10.2 Organizational socialization and perceived organizational promises**

The second major research question concerned the role of perceived employer promises in organization socialization. This question was addressed via analysis of the pathways in Model One. Specifically, the model hypothesised that the

development of perceived employer promises is one route through which information acquisition during encounter leads to newcomer integration, assessed here in terms of attitudes, well-being and service quality. Hence, unlike previous theoretical (Shore and Tetrick, 1994; Rousseau, 1995) and empirical (Robinson et al., 1994; Thomas and Anderson, 1998; De Vos et al., 2003) accounts of the development of the psychological contract, perceived employer promises are viewed here as an intervening mechanism in the process of newcomer integration. The development of the psychological contract was measured here in terms of the number of perceived promises rather than their strength, in line with previous theories (Shore and Tetrick, 1994; Rousseau, 1995) which state that psychological contract development involves the addition of new promises to the perceived deal.

Three important sets of findings from this part of the analysis warrant discussion. Although not part of the formal hypotheses, the first of these is that the aggregate level of perceived employer promises was found to decrease across the lifetime of the study. A second relates to the way in which perceived promises develop through information acquisition, where two of the three types of information acquisition which were examined predicted the development of promises. The third concerns the consequences of this process of development for employee outcomes, where perceived employer promises did indeed act as an intervening mechanism in the process of socialization in some cases.

#### 10.2.1 Aggregate levels of perceived organizational promise over time

The first point of discussion relates to the observed decrease in aggregate levels of perceived promises across time, a finding which is contrary to previous studies in this area. Three studies have examined this issue in detail. The first study of this type was performed by Robinson et al. (1994), who found the strength of newcomers' perceptions of employer obligations increased across their first two years of service. Thomas and Anderson (1998) found that newcomer's perceptions of the strength of expectations about what the organization should provide increased across their first eight weeks, and that these increases were driven by levels of knowledge about several dimensions of the organization. De Vos et al. (2003) found that both employee and employer fulfilment of promises was related to increases in some aspects of perceived employer promises at both six months and twelve months post

entry, although they did not report on absolute changes in levels of perceived promises. Hence, the literature has tended to show that perceived employer promises increase over time, whereas here they decreased.

The most obvious explanation for the observed decrease in perceived promises relates to a programme of budgetary cuts which was being undertaken in the hospital, and in the NHS more widely, during the period of data collection. These cuts prompted several of the participants in the qualitative study to remark that promises had simply ceased to be made, because the organization was not in a position to fulfil them. This explanation supports the accounts of several authors who state that factors such as organizational change and other negative work experiences can lead to reductions in the perceived contents of the psychological contract and their perceived fulfilment (e.g. Morrison and Robinson, 1997; Cavanaugh and Noe 1999). A related explanation which may account for the reduction in perceived promises across time is that promises were often broken, and through a process of sensemaking, employees re-evaluated their initial perceptions of promises which have been made (Louis, 1980). De Vos et al. (2003) have demonstrated this link empirically, showing that the delivery of promises is a primary driver of the subsequent perception of a promise having been made. Indeed, the quantitative data showed that whilst the number of perceived organizational promises reported by newcomers decreased on aggregate over time, levels of perceived violation increased. Moreover, at both three months and twelve months, violation was negatively and significantly correlated with the number of perceived promises reported by participants. The qualitative phase of the research also supports this theory. As described in chapter nine, many of the promises which were broken, and which participants felt particularly strongly about, were made prior to organizational entry. Some of these, such as the availability of particular rotations, were not made by an individual, but were assumed by newcomers through studying organizational literature. Others, such as the possibility to go on holiday at a particular time, were made by a senior individual who interviewed the newcomer but, subsequently, was not involved in their day to day management. Upon entering the organization these promises were often broken, because the individuals who made promises were often not those responsible for delivering them, and because budgetary cuts made it impossible to deliver some promises. The former situation is a good example of Morrison and Robinson's



(1997) notion of incongruence, whilst the latter is an example of reneging. Both situations, ultimately, appear to have led to a reduction in perceived employer promises over time.

The decrease in perceived promises reported by study participants may also have been influenced in part by the way in which the construct was conceptualized and measured. First, in each of the previous studies examining this issue, the measure of perceived promises was based on a likert scale. A composite score was then created to reflect the extent to which perceptions were held. Here, the items were dichotomous, and the composite score was created through the addition of each binary item. Therefore, previous studies have examined the “strength” of the deal, whereas the “breadth” of the deal was examined here. It is unclear whether the previous studies would have also produced a similar set of results to the current study if the scales were dichotomised. Second, each of the previous studies examined psychological contract perceptions across a number of dimensions, whereas here, a single composite score was created. Since each of the studies reported increases in only some content dimensions, it is again unclear whether an increase in perceptions would have been found had a single scale composite score been used. Third, each of the previous studies measured psychological contract perceptions in a different way. Thomas and Anderson (1998) asked participants not about promises or obligations, but about “expectations”. Although these authors showed that expectations increased after entry, the logic of asking newcomers about expectations of an experienced event is questionable. Robinson et al. (1994) asked participants about implicit or explicit obligations, but not about promises. De Vos et al. (2003) asked participants about implicit or explicit promises but not about obligations, and did not provide a stand-alone analysis of change over time in levels of promises since this was not their aim of their study. In the current study, participants were asked whether a promise or an obligation had been made, either explicitly or implicitly. The decrease in perceptions reported here, therefore, may be attributable in part to the inclusion of the term “promise” in the scale item. One reason for this may be that perceived obligations are by nature more stable, and less affected by organizational action. Perceived promises, on the other hand, may be more malleable in the face of experience or breach. One strategy for beginning to untangle these measurement issues would be to compare psychological contract development using both strength

and breadth measures within a single study, in order to assess patterns of change. It is possible, for example, that the breadth of promises may reduce over time, but that the strength of the remaining promises increases. Conversely, others may come to hold a large number of promises, although each may be weaker.

#### 10.2.2 The development of perceived promises

The hypotheses regarding the development of perceived employer promises predicted that pre-entry interaction with the organization, inquiry and information received through organizational efforts would lead to the development of a greater number of perceived employer promises. The analysis revealed that the expected effect occurred only for the frequency of pre-entry interaction and the usefulness of information acquired through inquiry. The usefulness of information acquired through organizational efforts was not a significant predictor of perceived employer promises. Only one previous study, performed by Thomas and Anderson (1998), has investigated this issue in any great detail. Thomas and Anderson showed that the strength of newcomer's expectations of the army increased during their first eight weeks in the job, and that knowledge about army life drove these increases in part. The current study supports Thomas and Anderson's findings to an extent and also adds to them in several ways. First, and as discussed in the previous section, Thomas and Anderson used a measure of expectations rather than either promises or obligations. Therefore, this is the first study to show that information acquisition can help to flesh out the psychological contract using a measure of perceived organizational promises. Second, Thomas and Anderson's study was undertaken over a slightly shorter time period of eight weeks. This study demonstrated that changes in the psychological contract are still being driven by communication at 12 weeks.

A third important contribution of the current study is that it was conducted with individuals from a range of occupational groups and, importantly, a range of experience levels. Thomas and Anderson (1998), on the other hand, conducted their study only with new recruits to the army. The findings from both the qualitative and quantitative sections of the analysis presented in this thesis suggest that the issue of previous experience is of some importance in the way the psychological contract develops. A particularly notable aspect of the findings from the interviews was that those individuals who experienced difficulties with integration, and who placed

importance on the promises made to them around entry, were those who lacked previous occupational experience. In the survey study, whilst previous experience and the number of perceived promises reported by participants remained uncorrelated throughout the study, promises had a far stronger effect on the attitudes of inexperienced individuals compared to others. It seems likely that this finding occurred because, whilst all individuals may perceive that similar promises have been made, the process is far more valuable to less experienced newcomers who need to quickly develop a cognitive schema and find predictability in the workplace. Importantly, however, the type of promises which were often reported as being breached in the qualitative study were those which were of most relevance to this inexperienced group, such as those relating to training and staffing support. Hence, the findings illustrate the benefit of making promises to inexperienced newcomers, but also the potential dangers if they remain unfulfilled. Interestingly, whilst previous experience was influential in the way in which perceived promises were interpreted by newcomers, there were very few differences between different demographic groups in terms of the level of perceived organizational promises they reported. The only major difference was where older participants reported that significantly fewer promises had been made. It is possible that this finding occurred because some of the assessed promises, relating to factors such as career advancement, were simply less relevant to older newcomers. Equally, older participants were more likely to be experienced. Regardless, there was no evidence that this older group displayed more negative outcomes than others.

A further important contribution of this study to the literature, and a further major difference between the current study and that of Thomas and Anderson (1998), lies in the way in which information acquisition was conceptualized here. Thomas and Anderson showed that knowledge, rather than information acquisition per se, was related to an increase in expectations. Here, it has been shown that two important methods of information acquisition from the socialization literature influence the development of perceived promises. Importantly, the findings revealed differential effects of methods of information acquisition, since inquiry alone predicted perceived promises during encounter, whereas organizational efforts alone did not. There are several possible explanations for this finding. First, it is possible that inquiry behaviour increases (rather than reduces) perceived organizational promises

as a result of a confirmation bias, whereby individuals seek out information which is in line with their existing beliefs. As Rousseau (2001, p. 531) states: “An individual’s existing psychological contract also provides a context for subsequent promise making. Promises that are interpreted as consistent with the contract are likely to be experienced as a form of contract fulfilment, while those that are viewed as discrepant are either ignored or engender a sense of violation.” Such a bias would also go some way to explaining why information provided through organizational efforts does not have any direct effect on the development of perceived employer promises. Since this type of information is not directly sought but provided by the organization through training and induction, newcomers have little choice whether they listen to it or not. However, if the information is not consistent with promises that have already been made, it may not be incorporated into the psychological contract. The post-hoc analysis of the interaction effect between these two forms of information acquisition appears to support this theory, since it revealed that useful information from the organization only begins to affect perceived promises when information from inquiry is not found to be useful. A second possible explanation for the difference between the effects of organizational efforts and inquiry on perceived promises is that information acquired through organizational efforts after entry (unlike that which is acquired before entry) simply does not pertain to organizational promises. Indeed, the qualitative component of the research showed that information provided by the organization tended to be particularly functional in nature, and the analysis of Model One showed that it was unrelated to most outcomes except service quality. Hence, it appears that the information provided by organizational efforts after entry may have been so functional in this context that it only helped individuals to perform their job tasks, and was not used to build up any kind of employment relationship, unless there was no other option.

### 10.2.3 The role of perceived employer promises in the link between information acquisition and employee outcomes

Perhaps the most important aspect of the research with regard to perceived employer promises relates to their role in the link between information acquisition and employee outcomes. Direct pathways emerged between organizational efforts and both service quality focus and commitment. Direct pathways also emerged between

inquiry and several attitudinal and well-being variables. Model One also hypothesised that there would be indirect pathways between these information acquisition variables and each of the study outcomes variables via the role of perceived employer promises. This hypothesis was based on the theory that the development of perceived employer promises leads to better outcomes through social exchange. The analysis of model one provided mixed support for this hypothesis. The relationship between organizational efforts and employee outcomes could not be mediated by perceived employer promises, because organizational efforts did not predict this variable. However, there was an indirect relationship, via the mediating role of perceived employer promises, between inquiry and the two attitudinal outcome variables. These findings add to the literature in two ways. First, they demonstrate that perceived employer promises, as well as fulfilment and violation, are related to some employee outcomes. Second, they show that perceived employer promises can indeed act as an intervening mechanism through which information acquisition leads to employee integration. These two issues are discussed below.

Previous studies examining the outcomes of perceived employer promises are few and have revealed mixed findings, with most having examined citizenship behaviour as the primary outcome variable. Coyle-Shapiro and Kessler (2000), for example, found correlations between the extent to which employees believed their employers were obliged to provide certain inducements and organizational citizenship behaviour, but there was no relationship with satisfaction or commitment. Coyle-Shapiro and Kessler (2002) similarly found that some aspects of organizational citizenship behaviour were positively related to perceived obligations, using a similar measure of obligations to their earlier study. Hui et al. (2004) found that the extent to which employees believed their employers had made relational commitments was directly and positively related to organizational citizenship behaviour. In the only previous study to find good evidence for a relationship between the contents of the psychological contract and employee attitudes, Raja et al. (2004) showed that relational contracts were negatively associated with intentions to leave and positively associated with job satisfaction and affective commitment, whilst transactional contracts were positively associated with intention to leave and negatively associated with job satisfaction and commitment. However, these authors used a scale developed by Millward and Hopkins (1998) that assessed employee behaviour

rather than employer promises or obligations per se (e.g. “I come to work purely to get the job done”).

Building on this previous work, a specific contribution of the current research is that it demonstrates that the *development* of perceived promises is influential in the *development* of employee attitudes. As the qualitative research shows, this appears to be because newcomers need to rapidly acquire information which enables them to create a cognitive schema and make the workplace more predictable. The finding that this effect was particularly strong for less experienced staff is also important, because it suggests that where organizations pay little attention to this staff group, they are potentially vulnerable to a lack of integration and organizational exit. It is also important to note that whilst staff attitudes were predicted by the development of perceived promises, service quality was not. This suggests that the development of perceived promises (at least in the form in which they were measured here) is not sufficient to shape service quality during the encounter stage of socialization, although it is sufficient to shape attitudes. One potential interpretation of this finding is that at the early stage when promises are being made, staff do not respond with behavioural contributions, although their attitudes towards the organization do improve. An exception to this is where staff believe that they have limited ability to deliver quality; in this situation, the development of the psychological contract appears to increase service quality focus back up to the levels of others. On the other hand, newcomers’ perceptions of current or previous organizational quality had no influence in this regard.

#### 10.2.4 Summary of this section

This section has discussed the implications of the findings relating to the role of perceived organizational promises in the process of organizational socialization. The first important finding is that in contrast to some previous studies, the number of perceived organizational promises, on average, reduced across the study period. Whilst some of the difference may be due to the way that promises were conceptualized and measured, it is also likely that a series of budgetary cuts, and consequently breached promises, was a driver of this change. The second important finding was that whilst pre-entry interaction and inquiry behaviour predicted the number of promises made to individuals, organizational efforts alone did not. This is

a novel finding in the literature. One possible explanation of this finding is that, as the qualitative data show, many promises and obligations are conceived in the minds of employees prior to entry. Following entry, employees seek information through inquiry which is in line with these beliefs, resulting in an increase in perceived promises. Conversely, information received through organizational training and induction does not drive perceived promises, partly because few promises are made and partly because incongruent information is ignored. However, the largely functional nature of organizational information does help newcomers to develop a focus on providing high quality service.

Perhaps the most important finding from this part of the analysis is that perceived employer promises do indeed act as a mechanism through which information acquisition during encounter promotes positive employee attitudes. This finding adds to the socialization literature, where theorists have struggled to isolate mechanisms which drive this link. Likewise, it adds to the literature examining the links between perceived employer promises and employee outcomes, which has previously focussed largely on organizational citizenship behaviours and produced inconsistent results. Moreover, it suggests that whilst perceived promises influence the relationship between information acquisition and attitudes, they do not influence the relationship between information acquisition and service quality, where only the functional information provided by the organization was of influence.

### **10.3 The role of psychological contract evaluations**

The third important component of the models related to newcomers' psychological contract evaluations. Two aspects of psychological contract evaluations are of interest here. The first is the extent to which evaluations, in terms of both perceived violation and perceived fulfilment, were shaped by knowledge gained through socialization. The second is the extent to which evaluations influenced the link between the degree of knowledge acquired by newcomers during their first year in the organization and their attitudes, well-being and service quality.

### 10.3.1 The role of knowledge in the development of psychological contract evaluations

A major finding regarding the role of psychological contract evaluations in the process of organizational socialization was that, as hypothesised, socialization knowledge influenced the extent to which newcomers reported both violation and fulfilment of the psychological contract during adjustment. This hypothesis was made following the theoretical account of Morrison and Robinson (1997), who suggest that effective socialization can lead to more positive psychological contract evaluations through two pathways. First, effective socialization involves the newcomer taking on the values and norms of the organization, resulting in less divergence between their own employment relationship schemata and those of existing organizational agents. Second, effective socialization indicates ongoing communication, which reduces the likelihood of promises being “overlooked, forgotten, or distorted” (Morrison and Robinson, 1997, p. 237). Both of these situations lead to reduced incongruence between the two parties to the deal and, therefore, increased fulfilment and reduced violation. Here, effective socialization was assessed by measuring the degree of knowledge that newcomers had internalized about the three most important aspects of their new environment: the role, the team and the organization. As described in the literature review, there are several other variables which have been hypothesised to affect evaluations of the psychological contract. For example, perceptions of violation may be increased through inadequate human resources practices, perceptions of deliberate renegeing by the organization, unfavourable social comparison with others in the organization, poor organizational support and perceptions of previous psychological contract breach. The current study focussed only on newcomer socialization and found that the knowledge gained up until twelve months of service explained 20 percent of the variance in fulfilment and 17 percent of the variance in violation.

This set of findings adds to the relatively sparse empirical literature regarding the link between organizational socialization and evaluations of the psychological contract. In one of the few previous studies to examine this issue, Robinson and Morrison (2000) showed that perceptions of breach at 18 months were less likely when staff had undergone a formal socialization process, measured using the tactics



approach of van Maanen and Schein (1979), and when staff had interacted more frequently with organizational insiders prior to entry. De Vos and Freese (2011) showed that perceived fulfilment at three months was more likely when staff had proactively sought out more psychological contract-related information. The current study adds to these studies by showing that staff who acquired more knowledge across their first twelve months of employment, and were therefore more adequately socialized, reported more fulfilment and less violation.

#### 10.3.2 The role of psychological contract evaluations in the link between knowledge and employee outcomes

The second major issue examined in terms of the role of psychological contract evaluations in the process of organizational socialization was their mediating role in the link between internalized knowledge and employee outcomes. The hypothesis stated that, as described in the previous section, increased knowledge internalization results in increased perceptions of fulfilment and decreased violation. In turn, fulfilment and violation were hypothesised, through a process of social exchange, to affect employee outcomes. Since violation emanates from a deep level process of sensemaking and involves a profound emotional reaction, it was hypothesised to trigger the re-evaluation of employee contributions and be related to all forms of employee outcome. Fulfilment, on the other hand, was expected only to increase employee attitudes. The analysis of Model Two provided some support for these hypotheses. Indirect pathways emerged between knowledge internalization, perceived fulfilment and each of the attitudinal variables, as hypothesised. However, there was also an indirect pathway to job satisfaction, a well-being measure, which was not hypothesised. Hence, psychological contract fulfilment impacted upon all types of outcome, with the exception of service quality. As hypothesised, however, knowledge predicted at least one of each of the attitudinal, well-being and service quality variables via the mediating role of violation. This suggests that violation is indeed more influential for employee outcomes than simple breach or fulfilment. The primary contributions to the literature of these findings is to show that psychological contract evaluations act as an intervening variable in the link between socializing influences and employee outcomes, and that violation is a particularly important part

of the socialization process. By contrast, previous studies have examined only fulfilment, which has been viewed as an indicator of adjustment.

A further important point of note emerging from the findings relates to the comparison of Model One and Model Two. Model One focussed on the encounter stage of organizational socialization and the acquisition of information which occurs at this time. Here it was shown that inquiry and organizational efforts directly predicted some aspects of employee attitudes, well-being and service quality. However, via the mediating role of perceived employee promises, information acquisition indirectly predicted only three outcome variables, which did not include any aspect of service quality. Model two focussed on the adjustment stage of socialization, where information acquisition has slowed. Hence, the degree of internalized knowledge was hypothesised to be the central driver of employee outcomes at this time. Here, internalised knowledge directly predicted far fewer outcomes than information acquisition directly predicted in Model One. However, via lower perceptions of violation, internalized knowledge indirectly predicted some aspect of each of the attitude, well-being and service quality variables. An implication of this set of findings is that evaluation of the deal is a better predictor of employee outcomes than the contents of the deal. This finding is consistent with the prevailing view in the literature, where psychological contract evaluations have been viewed as the primary mechanism through which the psychological contract influences employee outcomes (Rousseau, 1995). As the qualitative study showed, perceived promises were of some importance to newcomers, particularly less experienced individuals. However, psychological contract related issues were most notable in the interviews in cases where part of the deal had not been delivered. Indeed, the damaging effects of violation are underscored by the finding that it was particularly harmful for those who worked in high quality teams, either in the current or previous organization. This suggests that violation can effectively negate the positive effects of an environment which emphasises quality.

At a more general level, it is interesting to note that the statistical analysis revealed very few differences between demographic groups in terms of their experience of fulfilment or violation. Although older people reported being made fewer promises, they did not report any difference in their evaluations about the delivery of these

promises. The qualitative study showed that many breaches pertained to issues deemed most important to less experienced newcomers, such as training, although experience remained uncorrelated with fulfilment and violation throughout. Only two significant correlations emerged between demographic variables and psychological contract evaluation variables: at twelve months, Black, Asian and Ethnic Minority newcomers reported less fulfilment than others, and females reported greater violation than others. It is unclear why this is the case, although both of these groups are over-represented in the nursing workforce. It is possible that budgetary cuts affected frontline staff disproportionately in terms of cancelled training and professional development, which may have led to a drop in reported fulfilment.

### 10.3.3 Summary of this section

The key emergent findings regarding evaluations of the deal were that, in line with the hypotheses, greater internalization of knowledge about the new environment at twelve months led to lower perceptions of violation and higher perceptions of fulfilment. In turn, violation predicted some aspects of well-being, service quality and attitudes, whilst fulfilment predicted only attitudinal and well-being outcomes. The most important implication of this set of findings is that they view psychological contract evaluations as intervening variables in the socialization process. Hence, whilst Model one showed that the development of perceived employer promises is one of the mechanisms through which information acquisition during encounter leads to employee outcomes, Model Two shows that psychological contract evaluations are one of the mechanisms through which the degree of internalised knowledge can continue to exert an influence on employee outcomes during adjustment. The findings additionally suggest that the latter of these two processes is the more influential during socialization. Moreover, the findings outlined here provide support for Morrison and Robinson's (1997) model of the development of breach and violation and, in particular, the importance they place on "incongruence" in the deal, resulting from inadequate socialization, as a cause of violation.

## 10.4 The role of turning points

This section examines the role of psychological contract evaluations as turning points in the socialization process. This issue was assessed primarily through the qualitative

study, and since this part of the research was rather exploratory in nature, no formal hypotheses were made. The issue was investigated largely on the basis of previous discussion from theorists such as Ashforth, Sluss, and Harrison (2007), who have suggested that socialization research has largely failed to address the issue of “lumpiness”, instead treating the process as a smooth and linear journey towards successful integration. The overarching finding from the qualitative phase of the research was that psychological contract evaluations can indeed act as turning points which precipitate sharp changes in employee outcomes during the process of organizational socialization. Both perceptions of psychological fulfilment and psychological contract breach acted in this way, each under a specific set of circumstances.

#### 10.4.1 Breaches of the psychological contract as turning points

Breaches of the psychological contract came to act as turning points under two sets of conditions. The first of these was where a breach related to a promise which was of particular personal salience to the individual, whilst the second occurred where a “threshold” was reached following a series of breaches. Under both of these conditions, newcomers effectively experienced psychological contract violation. Whilst there has been little previous research on this issue in the psychological contract literature, both sets of conditions have been examined in slightly different forms. In terms of the issue of salience, Schalk and Roe (2007) discuss an individual “tolerance band” for breach, suggesting that when breaches of a particular magnitude fall outside this, employees “desert” the deal by exiting the organization. Morrison and Robinson (1997) also discuss the concept of “outcome assessment”, which is somewhat dependent on the salience of the breach and which may precipitate violation. In the current research, breaches of a particularly salient promise led to perceptions of violation, providing empirical support for Schalk and Roe (2007). In terms of threshold effects, Rigotti (2009) has demonstrated empirically that the effect of breach on attitudes is not linear but becomes stronger after a certain level of breach is perceived, suggesting a threshold effect of sorts, whilst Parzefall and Coyle-Shapiro’s (2011) qualitative work demonstrates that breach may be additive over time. However, these studies of threshold effects were both conducted retrospectively, and are therefore open to recall bias. The results presented here

provide additional longitudinal empirical evidence that breach, if left unresolved, can act in an additive fashion until the perception of violation occurs.

Since the two sets of conditions under which turning points occurred precipitated the perception of violation, the findings also make a contribution to the literature in this area. In fact, surprisingly little has been previously written on how a breach leads to the perception of violation, although Morrison and Robinson (1997) provide the most authoritative account of this issue, isolating four factors of influence in this respect. First, the degree to which violation occurs is dependent upon an “outcome assessment” of the magnitude of the breach and its implications. Second, violation is more likely when the breach is attributed to purposeful reneging or, third, when employees feel unfairly treated. Fourth, violation is more likely where the breach breaks the prevailing social contract. The pattern of findings from the qualitative study support some aspects of Morrison and Robinson’s (1997) model, provide no support for others and also suggest some extensions to the model.

The most obvious point to be made here is that Morrison and Robinson’s concept of outcome assessment, in terms of a participants’ assessment of the magnitude of the breach, is reflected in the finding that turning points often occurred as a result of a breach of a particularly salient promise. However, the notion of a breach acting as threshold event which tips participants over the edge towards violation is not covered by Morrison and Robinson’s model. There was evidence that some of those who experienced violation, following either a threshold event or a particularly salient breach, displayed the perception that the organization had treated them unfairly, as per Morrison and Robinson’s model. Likewise, there was evidence that these individuals attributed the breach to deliberate organizational reneging. A good example of this situation was provided by participant 7. When breaches occurred early in his time at the hospital, he tended to attribute them to wider economic problems which prevented certain promises being delivered. After months of broken promises, however, this individual experienced a threshold event when a statutory pay increase was not provided. At this time, he began to feel that he was being treated unfairly, remarking that the organization was using the pay rise as “a way to try and get to us a little bit”. Here, however, it was not clear that the perceptions of unfairness experienced by this individual, as well as his attribution for the events,

were the cause of perceived violation. Rather, they appeared to accompany the strong emotional reaction of violation, which itself was caused primarily by a series of breaches. Finally, there is some support for Morrison and Robinson's notion of the prevailing "social contract". In particular, this might explain why individuals with limited experience of working in the NHS were more likely to experience breach and violation than others. Inexperienced individuals reported breaches relating to factors such as understaffing which more experienced individuals did not, probably because this latter group had learnt, through previous roles, that such issues were part of the social contract in NHS hospitals.

A final point of note with regard to the study findings examining breaches as turning points is that the potential buffers against the effects of violation identified in the qualitative study have received little attention elsewhere in the literature and are not included in Morrison and Robinson's model. Here, fulfilment of previously breached promises, social support and the ability to change work area acted in such a manner. The role of social support in psychological contract breach has been noted previously; Sutton and Griffen (2004) showed that supervisory support negatively predicted violation. The roles of an employee's ability to move areas easily, and of the fulfilment of previously breached promises, are new findings, however. Future work may usefully examine some of the additional factors identified here.

#### 10.4.2 Fulfilment of the psychological contract as a turning point

The findings regarding the role of fulfilment as a turning point in the socialization process also contribute to the broader psychological contract literature. Fulfilment was found to act as a turning point under two specific sets of conditions. The first of these was where a previously unresolved breach was fulfilled, and the second was where promises were over-fulfilled. In these situations, psychological contract fulfilment acted as a turning point because it slowed or reversed a trend of attitudes that, previously, were becoming more negative. In the absence of either of these conditions, however, participants barely registered psychological contract fulfilment. Rather, it was treated as something which was expected and to which newcomers were entitled. Hence, the role of fulfilment was usually to maintain rather than increase attitudes. As discussed in chapter nine, this finding draws parallel with Herzberg et al.'s (1959) two factor model of satisfaction. Specifically, the promises

which make up the psychological contract appear to act as both hygiene and motivating factors depending on the situation. That is, in general terms, and as per Herzberg et al.'s hygiene factors, fulfilment of promises did not elicit any strong response, although breach was always viewed negatively. The fulfilment of promises did come to act as a motivating factor under two specific conditions, however: where the fulfilment related to a promise which had previously been breached, or where over-fulfilment occurred.

The most obvious area where this set of findings contributes to the psychological contract literature is in the debate around the relative effects of breach and fulfilment. Rousseau's early (e.g. 1989, 1995) work suggested that where breach occurs, it is subsequently very difficult for the damage to be reversed, even by fulfilment, primarily because trust in the relationship has been broken. This suggests that breach has a stronger effect on employee outcomes than fulfilment. Conway, Guest and Trenberth (2011) provide several explanations for this differential effect of breach and fulfilment on employee outcomes. For example, it is generally accepted that coping with negative events requires more cognitive resources than interpreting positive events, whilst the sensemaking process which is prompted by a breach may lead to feelings of injustice. Conway, Guest and Trenberth (2011) provide empirical evidence to show that increases in breach have a stronger effect on attitudes and well-being than increases in fulfilment. Likewise, Conway and Briner's (2002) daily diary study showed that over-fulfilment of the psychological contract has less of an impact on mood than under-fulfilment. As the authors note, this finding raises the possibility either that the fulfilment-breach continuum is curvilinear, or that broken and fulfilled promises operate on different dimensions entirely. The findings of the present study back up some previous findings in the area and also add to them in some ways. As Conway, Guest and Trenberth (2011) show through their analysis of longitudinal survey data, the findings from the current study appear to suggest that breach is, under normal circumstances, more influential in employee outcomes than fulfilment. The finding that over-fulfilment can lead to an upturn in some aspects of employee well-being also supports Conway and Briner's (2002) finding that over-fulfilment can increase some aspects of well-being, albeit not as strongly as under-fulfilment.

The major finding in the present research which differs from the previous literature, however, is that fulfilment of a previously breached promise can in some cases repair the damage which has been done to the employment relationship. Whilst it is stated in Rousseau's original (1989) paper, and elsewhere, that this is not possible, this issue has not been explicitly empirically examined previously. Here, the analysis revealed a specific pattern of findings for four of the 28 participants who took part in the qualitative study. These individuals reported extremely negative attitudes at three months as a result of lack of fulfilment of a promise or obligation. In each case, however, this same promise was later fulfilled, precipitating an upturn in the newcomer's attitudes. This resolution appeared to be long lasting, such that newcomers did not discuss the issue in subsequent interviews. The four newcomers who experienced these events did not share any common characteristics; they were a mix of occupations and levels of experience. In fact, the common characteristics appeared to be related to the commitments themselves, in that each of the breaches concerned promises which were made prior to entry and which, subsequently, newcomers found to be undelivered during the first few days or weeks of tenure. Three of these promises related to support and one related to training. As Shore and Tetrick (1994) and Rousseau (1995) point out, the first few weeks and months in a job involve the development of the psychological contract, which effectively encompasses a period of negotiation. At this time the deal is rather malleable, although when the psychological contract is formed it tends to become more stable. The analysis here, therefore, suggests that breaches of the deal which occur during at this time of negotiation may themselves be more malleable. Hence, if they are subsequently fulfilled, the effects on employee outcomes may be reversed more easily.

#### 10.4.3 Other literature on turning points

As well as contributing to the psychological contract literature, the qualitative study also adds to the knowledge base regarding turning point type events more generally. As described in chapter two, these types of constructs have appeared in several other areas of the organizational psychology literature under different names, but have been examined rarely (if at all) by socialization researchers. One of the more well-known theories examining turning point-type events is Lee and Mitchell's (1994)



unfolding model of voluntary turnover, which is based upon the notion of “shock” events which can jar employees towards voluntarily leaving the organization. There are several factors that differentiate the shocks described by the unfolding model from those covered in the research here. The current study examined these types of events only in organizational newcomers, whilst the unfolding model is applicable to any type of employee. Moreover, the focus here was only on psychological contract-related factors, whereas the unfolding model covers more general shocks pertaining both to factors internal and external to the organization. Holtom et al. (2005) have identified a set of twelve different types of shock from several previous studies of the unfolding model. These fall in to the overarching categories of external shocks (e.g. a job offer), organizational shocks (e.g. a merger or acquisition) and personal shocks (e.g. an illness). There is good evidence, however, that the psychological contract-related turning points which were described here could fit into the unfolding model’s framework. Specifically, where breach events acted as turning points in the qualitative study, they precipitated organizational exit in several of the participants. The quantitative study confirmed that psychological contract violations were related to increased intention to leave the organizational. Hence, the research presented here shows that violation of the psychological contract is a type of shock which occurs relatively often and leads to voluntary turnover.

Perhaps the most novel finding, however, was the emergence of shock events that precipitate integration, rather than organizational exit. In psychological contract terms, over-fulfilment and fulfilment of previously breached commitments “spurred” participants to form a bond with the organization. This is an important finding which has received little or no attention in the socialization literature or elsewhere. Models examining shocks, such as the unfolding model, have demonstrated that these type of events can hasten exit, whilst socialization commentators such as Ashforth, Sluss and Harrison (2007) have discussed the lumpiness of integration as a process of overcoming such hurdles. Likewise, Louis (1980) amongst others has discussed the sensemaking that occurs from surprise events as being an important route to integration. Here, the evidence suggests that the positive nature of the event itself, rather than the newcomers’ coping response, can aid integration.

#### 10.4.4 Summary of this section

The purpose of this section has been to discuss the findings which examined the role of turning points in the process of socialization. These findings arose mainly from the qualitative section of the research, although they also found support in the quantitative data. Breaches acted as turning points when newcomers came to experience violation, either because the undelivered commitment was of particular salience or because they reached some kind of threshold. These results lend general support to the model of violation proposed by Morrison and Robinson (1997), and also provide longitudinal evidence for the accounts of Schalk and Roe (2007), Rigotti (2009) and Parzefall and Coyle-Shapiro (2011), who have discussed similar effects of violation. Fulfilment of the psychological contract acted as a turning point when it occurred in the context of a previous breach or where over-fulfilment occurred. In general, however, fulfilment had little effect on outcomes, reflecting Herzberg et al.'s (1959) two factor theory of satisfaction, as well as both the findings from the quantitative study and previous research (e.g. Conway, Guest and Trenberth, 2011) suggesting that fulfilment is less influential for attitudes than breach. Perhaps the most important finding from this section of the analysis is that fulfilment of a previously breached commitment can slow or reverse the effects of the original breach. This finding is contrary to the views of Rousseau (1989) and others, and suggests that during the very early stages of socialization, when the deal is being negotiated, the effects of breach may not be permanent. More generally, the findings from this section show that turning points can and do influence newcomer integration, in line with suggestions from Ashforth, Sluss and Harrison (2007), amongst others.

### **10.5 Evaluation of the conceptual approach**

Up to this point, this chapter has discussed the individual components of the models and their relationship with the previous literature. The purpose of this section is to examine the findings at an overarching level. The section begins with a discussion of how far the research presented here addressed some of the outstanding issues in the socialization literature, with reference to a set of eight such factors identified in chapter two. Following this, the overall utility of the models is discussed, with a focus on their potential modification.

#### 10.5.1 Key outstanding research issues from the socialization literature

The first issue raised in chapter two was that, in the main, socialization studies have tended to rely on survey methods. This study included a qualitative component alongside the more traditional survey methodology, and in doing so highlights the potential benefits of this approach. One such benefit is that the qualitative research provided an additional source of data with which some of the quantitative findings could be unpicked. For example, where the quantitative study revealed that information provided directly by the organization was not influential on its own in psychological contract development, the qualitative data showed that this appeared to be because this information was very basic and functional in nature. Additionally, the qualitative data allowed exploratory research to be undertaken on a topic where there is little existing theory on which to base a detailed conceptual framework, namely the occurrence of turning points. The second limitation of the socialization literature discussed in chapter two related to the focus on raw recruits, resulting in a relative lack of information on more experienced newcomers. This study attempted to address this issue by recruiting a cohort containing both veteran and neophyte newcomers. The findings revealed that there are indeed differences between these two groups. In particular, newcomers appear to benefit more from the building of the psychological contract, although the qualitative research showed that they might suffer most if promises are not met. The study therefore highlights the importance of examining these two groups of newcomers in studies of socialization.

The third limitation described in chapter two related to the breadth of research samples, where the typical approach has involved recruiting participants from various organizations. Here, employees were recruited from one organization, with the aim of examining differences between organizational subunits in greater detail. In the quantitative study, the potential benefits of this approach were left partially unfulfilled. There were few differences between occupational groups within the organization, and it was difficult to compare divisional groups due to the high number of divisions coupled with the limited sample size. There were, however, some advantages of the strategy. Differences between participants relating to information acquisition, for example, could not be attributed to differences in context at an organizational level, but rather to local issues. Likewise, the qualitative study

allowed the comparison of practices at a local level, highlighting the differing levels of importance given to issues of induction between different divisions within the organization. In sum, the case study approach undertaken here is of benefit, although large sample sizes are needed for detailed comparison of different organizational divisions and functions in survey studies.

The fourth limitation of the extant literature raised in chapter two related to a lack of attention to the healthcare sector. The research presented in this thesis has begun to address this issue. The study has shown that the process of organizational socialization can indeed affect the development of service quality perceptions in healthcare staff, and that this relationship is driven in part by the state of the employment relationship. A particularly noteworthy finding in this respect relates to the way information is acquired. The research showed that useful information provided directly by the organization was influential in the development of service quality perceptions and that without it, proactive newcomer behaviour was ineffective in this respect. These findings have important implications for management in healthcare, and are also novel to the wider socialization literature; future studies may examine whether they generalize beyond the healthcare sector. A fifth and related issue raised in chapter two is that socialization studies have been quite narrowly focussed in terms of the range of outcome measures used in studies. This thesis addressed this issue to an extent by examining two outcomes of service quality, both of which have received scant attention in the socialization and psychological contract literatures. Service quality focus and performance were driven by information acquisition, whilst service quality focus alone was driven by the psychological contract, suggesting that outcomes of service quality are potentially fruitful avenues future research. Future studies could build on these findings by using more objective measures.

The sixth issue raised in chapter two related to the general tendency to focus on the positive aspects of integration, rather than on potential implications of poor quality socialization. The major contribution of the current study in this regard was to show that inadequate socialization, measured by a relative lack of internalised knowledge, can lead to greater perceptions of breach and violation. Both of these situations are related to disengagement, and may push newcomers into an exit. Given that turnover

has been identified as the most important potential outcomes of socialization (Cooper-Thomas and Anderson, 2006), it is surprising that more has not been written on the factors which influence turnover intention at this time. Future research might examine this issue in more detail. A related criticism that was discussed in chapter two is that accounts of the socialization process have been rather rigid. A major contributions of this thesis is the demonstration that turning point events can and do cause newcomers to deviate from this assumed linear process. Under the psychological contract framework, the study showed that violations can jar individuals towards a quick exit. Importantly, fulfilment was also found, under certain conditions, to spur individuals towards integration. There is clearly more work to be done in this area, which has barely been examined by socialization researchers in the past.

The eighth and final issue raised in chapter two related to the lack of a strong theoretical basis for organizational socialization. Reviewers in the area have tended to tie the separate elements of the socialization literature together in loose frameworks, viewing them at best as “quite complementary” (Ashforth, Sluss and Harrison, 2007, p. 31) but not necessarily theoretically linked. The current research has demonstrated that three major conceptual approaches to socialization (active information acquisition, passive information acquisition and stage models) can be united under the psychological contract framework, itself based on sensemaking and social exchange theory. The psychological contract approach implies that socialization is about building a relationship with the organization. Like other types of relationship, certain serious events can cause a sharp exit. Equally, there may be a gradual decline in the relationship that leads to exit. Conversely, a major positive event may foster commitment, or the ongoing relationship might be built and maintained through the continuing contributions of both parties.

#### 10.5.2 Evaluation of the models

Whilst the research has shown that the major elements of socialization may be united under the psychological contract framework, it is important to note that the hypothesised pathways were not always supported, giving rise to several implications for the models. Turning first to Model One, the findings unexpectedly revealed differential effects of active and passive information acquisition, with the former

more readily affecting attitudes, well-being and perceived promises, and the latter more influential for service quality. However, a piece of post hoc analysis revealed that organizational efforts did in fact influence perceived promises, but only where newcomers were unable to obtain useful information through proactive behaviour. Likewise, inquiry did directly predict service quality focus, but only where useful information had also been acquired via organizational efforts. Additionally, the interview study revealed that information provided through organizational efforts, whether useful or not, was largely geared towards the functional aspects of the new environment. It is important to note here that active and passive information acquisition appear to be necessary inclusions in the model, and measuring the usefulness of acquired information appear to be a suitable way of assessing these constructs. However, the findings suggest at least two possible amendments to the model. First, since it is not clear if such intrinsically functional information would be provided in other contexts, the model may be refined through the inclusion of four variables that assess both functional and social information obtained both passively and actively. Second, the findings suggest that the hypothesised model may be amended to include a role for the interaction of the different information acquisition variables, since they appear not to operate in isolation.

Turning to the hypothesised moderators in Model One, the analysis suggests that a measure of previous experience, in terms of the type of post from which newcomers join, is a necessary inclusion. The findings regarding the proposed moderators of service quality, on the other hand, were somewhat mixed. Perceived promises increased service quality focus only in those who perceived that their ability to deliver quality was low, suggesting that a broad psychological contract may negate the effects of an environment that hinders the delivery of high quality service. One point to note here is that whilst psychometrically sound, the measure of ability to deliver quality may not have been sufficiently specific. It is easy to understand how a broad psychological contract may foster a focus on service quality for those who lack the confidence to deliver high quality, but less easy to see how this relationship might be strengthened for those who lack the time to deliver quality. The model may, therefore, benefit from a more thorough examination of the facets of ability to deliver quality. The other proposed moderators of service quality, previous organizational quality and current team quality, had little influence in the analysis, although again

demonstrated good reliability. Before discounting these constructs entirely, however, it is important to note their effects may have been reduced in this specific context by the generally poor quality of induction and training.

Moving on to Model Two, the model generally provided a better fit to the data. An unexpected finding was that knowledge did not directly predict most outcomes, although such relationships have been demonstrated previously using shorter follow-up periods. This suggests that rather than the model requiring amendment, the study design may have simply collected data too late. Hence, any replication of this study may provide more useful information by collecting follow-up data at six months, as per some other studies in the area (Bauer et al., 2007), rather than 12. Knowledge did predict attitudes, well-being and service quality via the mediating role of violation, as predicted. Fulfilment acted as a mediator for the attitudinal outcomes as predicted, and also for an aspect of well-being. Hence, the model may be amended so that fulfilment or breach predicts measures of both organization and self-directed attitudes and well-being, but is not sufficient to affect more behaviourally orientated outcomes such as service quality, at least in the healthcare context.

In terms of the moderators in Model Two, perceptions of both current and previous high quality did, as expected, increase the strength of the relationship between violation and outcomes. These are important findings, which show that a serious breakdown in the employment relationship removes the benefit of experience with high quality. Future models of this type should therefore take account of these variables and may use the measures used here, which demonstrated sound psychometric properties. The qualitative analysis also suggests some additions to the model, since fulfilment was most beneficial where a commitment had been previously breached or where over-fulfilment occurred. Likewise, breach had more severe effects where a commitment was particularly salient or where a large amount of breach had been experienced previously. Each of these four factors could, therefore, be usefully incorporated into a future model of this type as moderating variables.

Two more points regarding the models at a more overarching level remain. The first is that the basic premise of the models demonstrates some validity. The three-stage approach to socialization appears to be sound, although the findings suggest that the

second follow-up may have occurred too late, and there was some evidence for each of the two pathways through which the socializing influences were expected to affect the psychological contract and employee outcomes. This being the case, a natural progression may be an attempt to unite the two models into a single framework. A second general issue concerns the model constructs and measures. Most of the measures used in the study are either fairly well established or demonstrated sound psychometric properties here, with the exception of the measures of service quality. There was little variance on the measure of performance, which may have been one reason why it was less well predicted in the models. The service quality focus variable, on the other hand, was more aligned with the interpersonal rather than technical aspects of quality. A replication of this test of the models, therefore, might be better performed using a variety of objective measures of quality. Finally, it is important to note that the findings took place in the context of a hospital where good service quality generally relates to the physical health of the public. In other contexts, it is possible that certain aspects of performance are more malleable in the face of a changing employment relationship, underscoring the importance of testing similar models in a variety of contexts.

## **10.6 Summary of this chapter**

This chapter has discussed the findings from the research presented in this thesis, which aimed to address two broad issues. The first of these relates to how far organizational socialization can influence healthcare service quality and staff well-being, and the second relates to the role of the psychological contract in this process. The research has gone some way to addressing these issues, although only mixed support was provided for the study hypotheses. In terms of the role of socialization in service quality, the most important finding was that whilst information received through organizational efforts such as training and induction was necessary to influence service quality, inquiry behaviour influenced employee attitudes and well-being. Hence, the research suggests that in order to become fully integrated, both types of information acquisition are necessary. In terms of the contents of the psychological contract, the important findings were that perceptions of promises decreased over time, and that inquiry and pre-entry interaction were influential in the development of perceived promises. Organizational efforts, on the other hand, were



only influential in this regard in the absence of proactively acquired useful information. Moreover, as hypothesised, promises did act as an intervening mechanism between information acquisition and employee attitudes. Finally, the research demonstrated that psychological contract evaluations can act as an intervening variable between knowledge and employee outcomes during socialization, and that these constructs can also act as turning points which can spur employees towards integration or, conversely, jar them towards exit. Having now discussed the major findings and implications of the research, the following chapter provides a conclusion to the thesis as a whole.

## Chapter 11

### Conclusions

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The objective of the research presented in this thesis was to investigate the links between organizational socialization and newcomers' levels of well-being and service quality in a UK hospital. The overarching rationale for examining this area was to add to the body of literature describing the ways in which both staff well-being and service quality in hospitals might be improved, issues which have come to the fore in terms of government policy in recent times. Much of the research examining healthcare service quality has focussed on the role of micro-level clinical practices in patient care. A far smaller proportion has responded to the calls of Waring (2007) and others to investigate the role of meso-level organizational factors in service quality. However, the role of micro-level workforce issues in healthcare service quality, issues that would traditionally come under the remit of Human Resource Management and Organizational Psychology researchers, has remained vastly under-explored.

The thesis focussed on the issue of newcomer socialization, which remains virtually unexplored in the healthcare sector despite research from other sectors that suggests it can be highly influential in the development of service quality and well-being. The research described in this thesis was not only practical in nature. Rather, an aim was to make a distinct contribution to the theoretical literature. Therefore, in addition to the examination of direct pathways between socializing influences and employee outcomes, an attempt was made to isolate one of the psychological mechanisms through which these pathways occur. The psychological contract was conceptualized as the key intervening mechanism which links socializing influences and employee outcomes. The purpose of this chapter is to summarize the main contribution of the research. This is achieved by presenting its theoretical and practical implications, its limitations and several emergent avenues for future research.

## **11.1 Theoretical implications of the research**

### **11.1.1 Theoretical implications for healthcare service quality research**

Two concepts from the psychological literature that influence the development of individual service quality have been identified in thesis. First, the research showed very clearly that the quality of information provided by the hospital to newcomers during organizational socialization influences the development of perceived performance and a focus on service quality. Where useful information is not provided, newcomers may struggle even to perform the tasks which make up their job, rendering proactive behaviour useless. Second, the psychological contract emerged as an important predictor of service quality. Whilst the development of perceived promises was largely ineffective in this respect, the extent to which they are delivered appears to be highly influential. The survey study showed that violation leads to a drop in service quality focus, probably through the mechanism of social exchange, and the qualitative study showed that breach of organizational promises can lead either directly or indirectly to a drop in service quality, particularly where promises relate to training or other aspects of the role required to perform job tasks. Moreover, the effects of violation appear to negate even the positive influence of working in a high quality environment. In sum, the research demonstrates that micro-level social psychological concepts can add value to the healthcare service quality debate, and that the psychological contract and organizational socialization are particularly important in this regard.

### **11.1.2 Theoretical implications for organizational socialization research**

The first and perhaps most important theoretical implication of this thesis for the organizational socialization literature is that the employment relationship, in terms of the psychological contract, acts as a mechanism through which newcomers integrate into organizations. Rather than being an outcome of effective integration, the research presented here suggests that the psychological contract can be viewed as an intervening construct through which the more traditionally studied socializing influences of information acquisition and learning lead to some aspects of newcomer integration. Perceived employer promises and, more potently, their fulfilment and violation were of influence in this regard. This is the first time in the literature that

the psychological contract has been viewed in this way. A second theoretical implication of the research is the demonstration that organizational socialization is not the smooth and linear path towards integration that is implied by much of the literature in the area. The research has shown, within the psychological contract framework, that turning points can and do occur during the socialization process, illustrating the “lumpiness” of socialization (Ashforth, Sluss and Harrison, 2007). Since events that precipitate organizational exit have been demonstrated in various other contexts under different names, it is perhaps unsurprising that they occur during socialization. However, these events have been studied rarely in this context, and this research provides empirical evidence for their importance here. Importantly, the research also shows that positive turning point events can precipitate integration, rather than exit. This is a novel finding, providing evidence that the process of organizational integration, as well as the process of organizational disengagement, is more complex than many have acknowledged.

A third theoretical implication of the research relates to the interplay between different socializing influences. Previous research has acknowledged that different methods of information acquisition are used during socialization, and that these methods may be more or less useful for the acquisition of different types of information (e.g. Morrison, 1993b). However, neither the differential effects of these methods on employee outcomes nor their interaction has been examined in any depth. The current study suggests that in isolation, passively acquired information is useful for the development of service quality, whereas proactively sought information is useful for the development of attitudes, well-being and the employment relationship. Importantly, the research also shows that the effects of these types of information acquisition become more complex through their interaction. Passively acquired information can affect psychological contract perceptions, but only where actively sought information is not useful. Moreover, actively sought information may increase aspects of service quality, but only where passively acquired information is also useful. In sum, the research suggests that at least in this context, newcomers must receive useful information passively and seek out useful information actively in order to integrate in the broadest sense, a process that relies on the actions of both the individual and the organization.

A fourth important theoretical implication of the research relates to the outcomes of socialization. Previous studies have tended to focus on either a set of largely attitudinal distal outcomes, or a set of more proximal outcomes assumed to indicate acquired knowledge. The current study adds to the literature by addressing outcome variables which have received less attention. In particular, service quality focus was predicted by organizational efforts during encounter, stress was predicted by inquiry at this time, and both variables were predicted indirectly by knowledge during adjustment. Surprisingly, variables relating to service quality and affective states have remained understudied in the socialization literature. The current study suggests that more work is required in this area.

#### 11.1.3 Theoretical implications for psychological contract research

The first major theoretical implication for the psychological contract literature concerns the formation of the psychological contract. Although the major theories of psychological contract development (Rousseau, 1995; Shore and Tetrick 1994) allude to the role of information acquisition, the link has not been explicitly tested previously, since previous studies have either used expectation terminology (Thomas and Anderson, 1998) or have focussed on psychological contract fulfilment (De Vos and Freese, 2011). Hence, this is the first study to show that inquiry behaviour and passive information acquisition contribute to the development of perceived employer promises during organizational socialization. A second and related theoretical implication for psychological contract theory concerns the finding that the contents of the psychological contract are an important predictor of employee outcomes. Previous studies have not been consistent in this finding, although the current research differs from these in several ways. First, other studies have tended to concentrate on citizenship behaviours, whereas here perceived promises were found to predict aspects of attitudes and well-being. Moreover, previous studies have tended to focus on samples of the general working population, whereas here the focus was only on newcomers. Additionally, previous studies have generally used cross-sectional designs, whereas this study examined the development of promises and outcomes over time. Hence, the research provides novel evidence that the development of perceived promises during early socialization is influential in the development of employee outcomes at this time.

A third important implication of the findings for psychological contract theory relates to the antecedents of violation. The findings provide rare support for Morrison and Robinson's (1997) assertion that inadequate socialization can lead to increased perceptions of breach and violation through the development of divergent schemata. The findings also provide some support for other aspects of Morrison and Robinson's (1997) model, since violation was accompanied by an assessment of the importance of the breach, perceptions of unfairness, attributions for deliberate organizational reneging and a break of the prevailing social contract. The research also suggests a possible addition to Morrison and Robinson's (1997) model relating to a "breach threshold", since some instances of violation occurred where promises were left unfulfilled for some time until employees finally "cracked". Moreover, the research uncovered two factors that appeared to reduce the occurrence of violation: the provision of high quality support and the ability to change work area both prevented a recognised breach from developing into a perceived violation.

A final theoretical implication of the research concerns the occurrence of turning points related to fulfilment. Although not described as such, the work of Morrison and Robinson (1997) among others suggests that violation should act as a turning point by eliciting a sharp change in employee attitudes and behaviour. The current theoretical base does not, however, suggest that fulfilment should act in a similar fashion. Here, fulfilment was found to act as turning point where a previously breached promise was fulfilled, opposing the view of Rousseau (1995) who argues that this is not possible, and raising the possibility that breach may be reversible during the early phases of socialization. Moreover, fulfilment tended to be treated with relative indifference by newcomers except either in its absence or where over-fulfilment occurred. This backs up the view of Conway, Guest and Trenberth (2011) amongst others who suggest that the effects of breach are generally more influential than the effects of fulfilment. Additionally, it suggests that an exception to the limited effects of fulfilment is where over-fulfilment occurs.

## **11.2 Practical Implications of the research**

### **11.2.1 Management of newcomers during early socialization**

The first important implication of the research for the management of newcomers during the early stages of socialization concerns how organizations might encourage hospital newcomers to focus on service quality. The research showed that the best determinant of service quality focus during encounter was the usefulness of information provided to newcomers through organizational efforts such as induction and training. In fact, this information was so functional in nature that in its absence, proactive newcomer behaviour had no impact on service quality. It is important to note here that there was variance in the way participants viewed information received through organizational efforts. Some reported being welcomed into teams effortlessly, whilst others reported an absence of local socialization of any kind. Likewise, whilst some found the organization-wide induction to be useful, many viewed it as a tick-box exercise with little bearing on their working lives. The evidence suggests, therefore, that at least some local managers failed to take newcomer induction seriously, and that the organization-wide induction was virtually useless for at least some newcomers. Taken together, these findings suggest that organizations wishing to maximise service quality focus in newcomers should not take induction for granted, but should genuinely try to provide useful functional information.

A second practical implication of the research concerns how organizations might encourage the development of positive levels of attitudes and well-being during encounter. A particularly important finding was that individuals effectively needed to seek out useful information in order to improve their own attitudes and well-being, with organizational efforts less effective in this regard. A potential danger raised by this finding is that those individuals who do not possess the skills or motivation to seek out information about their new environment may be left unintegrated and dissatisfied. Whilst the extent of newcomers' proactive behaviour is largely outside of the organization's control, the usefulness of information provided through training and induction, and in response to proactivity, can be influenced from within. In order to influence newcomers' attitudes and well-being, therefore, organizations should aim to provide not only functional information during formal induction, as was the

case in the hospital of study, but also information that enables newcomers to learn about the social aspects of their new role, team and organization. This may require providing local managers with additional skills and resources, as well as restructuring the content of organizational induction sessions. Additionally, and particularly where this is not possible, organizations must ensure that newcomers are encouraged to ask questions about any aspect of their new environment, that existing employees are open to these questions and that they are answered with useful information.

A further implication for practice relating to the encounter stage concerns the finding that the provision of useful information in response to newcomer proactivity during early socialization leads to the development of a set of perceived employer promises which, in turn, is related to better employee attitudes and well-being. Notwithstanding the fact that promises that cannot be kept should not be made, this finding reinforces the need for organizational insiders to communicate with newcomers during socialization in order to facilitate the development of a broad psychological contract and, therefore, better adjustment. Additionally, whilst the psychological contract had little bearing on service quality during encounter, it did improve service quality focus for those individuals who found it difficult to deliver the quality they aspire to. This finding highlights the motivational properties of the psychological contract, and reinforces the need for communication with newcomers.

A final and related implication for the encounter stage concerns the finding that the process of psychological contract formation is especially important for less experienced individuals who are particularly uncertain in their new environment. Organizational insiders should therefore pay particular attention to ensuring that this group are encouraged to ask questions and that these are met with helpful information. Ensuring that a new and inexperienced colleague feels comfortable in their new role and knows what is expected of them may appear to be an obvious course of action for some employees; the current research, however, found that a proportion of newcomers did not feel that the information they received in response to the questions they asked was helpful in this regard. Extra help could be provided to this group through mentoring schemes aiming to link inexperienced individuals



with professional veterans, or through networking events where inexperienced newcomers are encouraged to share knowledge.

#### 11.2.2 Management of newcomers during later socialization

Several implications for practice also arose from the study concerning the way newcomers are managed when they enter the later stages of socialization. In general, the findings revealed that fulfilment of promises led to a maintenance or improvement in employee outcomes at this time, whereas violation resulted in various negative outcomes. In terms of maintaining high levels of service quality, attitudes and well-being, therefore, it is in the interests of both organizations and employees that the occurrence of violation is minimized. The research revealed that newcomers who feel that they have a good understanding of their role, team and organization are less likely to experience violation, reinforcing the importance of organizations ensuring that their staff learn as much as possible about every aspect of their new environment during early socialization. This might be best achieved by taking newcomer induction seriously, rather than simply letting new members of staff get on with it and risking the development of misunderstandings in the employment relationship. It is also important to note here that violation of the psychological contract was particularly damaging to service quality for staff who worked in a high quality team or joined from a high quality organization, effectively removing the benefit of these factors. A clear implication of this finding is that organizations cannot rely on previous or current experience with high quality working practices as an alternative to induction, but must ensure that newcomers are integrated into all aspects of their environment.

The research also revealed several ways in which the effects of breach or violation may be reduced after their occurrence. The secondary management of broken promises is particularly important because the research revealed that a series of unresolved breaches, even if seemingly trivial when viewed individually, might eventually trigger feelings of violation. The first important research finding here is that the damage done by a broken promises may be undone though subsequent fulfilment, a new finding in the literature. This suggests that where promises are broken, perhaps because it is not possible to fulfil them at the present time, managers should not simply forget about them, because employees do not forget. Rather,

managers should make an effort to fulfil the promise in the future, if and when it becomes feasible. Second, those who received support from colleagues and managers suffered less from the effects of broken promises, suggesting that communication and support is key not only to preventing misunderstandings about the terms of the employment relationship, but also in resolving issues between managers and employees after they have occurred. Third, the research revealed that the effects of violation might be alleviated by reactive management. Staff generally viewed integration into their immediate work area as more important than integration into the hospital as a whole and, perhaps as a result, the effects of violation were less severe where affected staff could relocate to a new department. This suggests that, if at all possible, relocating individuals in such a way may be a preferable alternative to risking exit or poor performance.

### **11.3 Limitations of the research**

Although providing a number of important findings, there are also several limitations of the research presented in this thesis. In terms of the quantitative study, a major issue was that the overall study population was rather low. As described in the methods section, the initial eligible sample of 818 individuals produced only 97 survey returns at the third follow-up point. There were several reasons for this, including the involvement of participants in other surveys, a relatively high rate of organizational turnover and the necessity to collect contact details from participants rather than from organizational records. One undesirable implication of the limited sample size was a reduction in statistical power at time three, resulting in difficulties in ascertaining whether null results at this time were design-related or theory-related. Moreover, the limited sample size meant that potentially more robust structural modelling techniques were unsuitable for use in the analysis. It is important to note here that every effort was made by the researcher to maximise levels of participation, and increasing the participant pool further would have involved extending the lifetime the study, which was not feasible.

Two more general issues with the quantitative study warrant discussion here. The first is that this phase of the study relied entirely on perceptual measures. One implication of this is the potential for common method bias, although it should be noted that this was offset to an extent by taking measures at different time points.

Data describing service quality focus, performance and turnover might have been obtained using objective measures. With regard to the first two, appraisal data were unfortunately not routinely collected by the organization during the first twelve months of employment. Although turnover records were obtained by the researcher, they were poor quality and contained a large amount of missing values, and were therefore considered unsuitable for detailed analysis, although descriptive analysis was provided using this data. A second general issue with the survey study was that it contained only two follow-up time points. This decision was made for a combination of practical and theory-related reasons. However, the results indicated that many of the statistically significant relationships at time two failed to reach significance at time three. The inclusion of an intermediate time point may have been useful in assessing why this was the case.

Moving on to the qualitative study, fewer problems emerged during the lifetime of the research. One issue was that, much like the survey study, participant loss to follow-up was rather higher than expected, with many participants lost prior to the first follow-up point. This issue was rectified to some extent by recruiting additional participants into the study. However, study dropout is problematic because it can bias findings and delay data collection. A second issue is that the qualitative study occurred on a relatively small scale. Whilst data saturation occurred with regard to higher-level themes, it is unclear whether this was the case with the lower-level themes relating to, for example, the types of breach that occurred. Since the study was longitudinal and followed a relatively rigid structure, it was necessary that a set number of participants were recruited at day one. Future studies of this type, however, may benefit from the recruitment of a far higher number of individuals at this time, a task for which a team of researchers would probably be required.

There are also several more general limitations emerging from the research. The most obvious of these relates to the generalizability of the findings, since the research was undertaken only with hospital staff in the UK. The nature of outcomes in the healthcare context are somewhat different to other sectors, being primarily concerned with the safe and high quality treatment of the public rather than material output. Moreover, as commentators have noted, research in the fields of organizational socialization and the psychological contract can be somewhat context-

specific. Hence, it may be difficult to generalize these findings to other types of organization. On the other hand, the context-specific nature of the issues implies that research should be conducted in as many contexts as possible, and the current study adds to the literature in this respect. A related issue is that the research was conducted in a single site, which again limits its generalizability. In particular, the organization of choice appeared to be something of an extreme case in that induction was viewed as being generally quite poor and concerned almost entirely with functional, rather than social, information. It is important to note that this context almost certainly affected the findings. The case study approach did, however, allow for a far more detailed investigation of the issues. For example, the survey study showed that perceived organizational promises decreased across the life of the study, where previous studies research has tended to show that the opposite happens. The more detailed knowledge provided by conducting the research in a single site allowed the researcher to begin to understand these issues, since the qualitative study revealed that a large programme of budgetary cuts prevented promises being made and fulfilled.

#### **11.4 Further research**

The findings presented in this thesis suggest several areas which future research may usefully investigate. The first of these relates to the finding that information obtained by newcomers through active and passive means appear to have complex and differential effects, opening up several avenues for future research. First, the study suggests that passively obtained information influences the breadth of the psychological contract only when inquiry does not provide useful information. A question arising from this finding is whether psychological contracts formed in this way differ to others in any respect. For example, it might be hypothesised that a psychological contract based on passively received information is less susceptible to confirmation bias and, therefore, divergent schemata and perceptions of breach. Second, useful information provided through training and induction about the team, role and organization increased service quality, apparently because it was largely functional in nature. However, it is not entirely clear why this was the case. For example, it may be that the information was heavily weighted towards the role domain or, conversely, the information may have focussed on the functional aspects

of each domain. Third, and related, useful information provided through training and induction was largely ineffective in influencing employee well-being and attitudes in this context. However, the study did not elicit a great deal of information about exactly how organizations may begin to influence these outcomes, or even if this is possible. Fourth and finally, the research suggests that acquired information may be classified as either social or functional in content. Future studies may examine this issue in greater depth by including additional variables to further examine the effects of these different types of information in other contexts. Likewise, future studies may examine the differential effects of sources of information at a more specific level. This could involve examining the content and effect of information obtained from colleagues with differing level of experience, or comparing information obtained during recruitment with that obtained after entry. In short, research is required which more closely explores the specific content of information received during socialization, the method of acquisition and its effects on outcomes.

A second set of issues for future research relates to the process of socialization more generally. First, an important finding that emanated from the study is that inexperienced newcomers appear to be particularly vulnerable to the effects of a poor employment relationship. This is an important finding from which several questions arise. For example, future research might examine which factors protect inexperienced newcomers against these effects, where practices such as mentoring could conceivably be of use. Second, the outcome measures used in this study suggest that integration may be a broader concept than previously thought, since service quality and employee well-being were particularly affected by socializing influences. Promising lines of research already exist which examine outcomes falling outside of the standard battery of measures used to assess integration; Allen's (2006) examination of the development of embeddedness during socialization is one good example. The field would benefit further from additional research examining which other aspects of integration are influenced during socialization. Studies that examine service quality outcomes more broadly, preferably using objective measures, would provide valuable information about employee reactions to the entry process.

A final set of directions for future research concerns the role of psychological contract fulfilment and violation. First, this study has again shown the damaging

effects of violation, and has highlighted some of the factors that may protect against it. In particular, the study found that fulfilment of a previous breach and changing work area can reduce the effects of violation, both new findings in the literature. Surprisingly, there has been limited research on other factors that may act in this way. Since breach appears to be experienced relatively often, future research may further examine factors that can buffer against its negative effects. Second, this study is one of the first to demonstrate that turning point events are of influence in the process of socialization. Whilst other forms of shock event (such as those found in the unfolding model of Lee and Mitchell, 1994) have been identified, these have not been studied in samples of organizational newcomers. Future research may, therefore, investigate whether other forms of turning point manifest differently during early organizational tenure. The finding that some positive turning points can spur newcomers towards integration, rather than jar them towards exit, is particularly important. Future research may therefore also investigate other types of turning point that lead to a sharp upturn in integration in a more detailed way.

## References

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- Abramis D. J. (1994). Work role ambiguity, job satisfaction, and job performance: meta-analyses and review. *Psychological Reports*, 75, 1411-1433.
- Allen, D. G. (2006). Do organizational socialization tactics influence newcomer embeddedness and turnover? *Journal of Management*, 32, 237-256.
- Allen, N. J., & Meyer, J. P. (1997). *Commitment in the workplace: theory, research, and application*. Thousand Oaks, CA: Sage.
- Alpert, L., Atkins, B., & Ziller, R. (1978). Becoming a judge: the transition from advocate to arbiter. *Judicature*, 62, 325-335.
- Anderson, C. M., Riddle, B. L., & Martin, M. M. (1999). Socialization processes in groups. In L. R. Frey, D. S. Gouran & M. S. Poole (Eds.) *The handbook of group communication theory & research* (pp. 139-166). Thousand Oaks, CA: Sage.
- Argyris, C. (1960). *Understanding organisational behaviour*. Homewood, Illinois: Dorsey Press.
- Arnold, J. (1996). The psychological contract: a concept in need of closer scrutiny? *European Journal of Work and Organizational Psychology*, 5, 511-520.
- Arnold, H. J., & Feldman, D. C. (1982). A multivariate analysis of the determinants of turnover. *Journal of Applied Psychology*, 67, 350-360.
- Aronson, E., & Carlsmith, J. M. (1962). Performance expectancy as a determinant of actual performance. *Journal of Abnormal and Social Psychology*, 65, 178.
- Arshad, R., & Sparrow, P. (2010). Downsizing and survivor reactions in Malaysia: modelling antecedents and outcomes of psychological contract violation. *International Journal of Human Resource Management*, 21, 1793-1806.
- Ashford, S., & Black, J. S. (1996). Proactivity during organizational entry: the role of desire for control. *Journal of Applied Psychology*, 81, 199-214.
- Ashford, S., & Cummings, L. (1983). Feedback as an individual resource: personal strategies of creating information. *Organizational Behavior and Human Performance*, 32, 370-398.

- Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *Academy of Management Review*, 14, 20-39.
- Ashforth, B. E., & Saks, A. M. (1996). Socialization tactics: longitudinal effects on newcomer adjustment. *Academy of Management Journal*, 39, 149-178.
- Ashforth, B. E., & Saks, A.M. (2000). Personal control in organizations: A longitudinal investigation with newcomers. *Human Relations*, 53, 311.
- Ashforth, B. E, Sluss, D. M., & Harrison, S. (2007). Socialization in organizational contexts. In G. P. Hodgkinson & J. K. Ford (Eds.) *International Review of Industrial and Organizational Psychology* (pp. 1-70). Chichester, West Sussex: John Wiley & Sons.
- Ashforth, B. E., Sluss, D. M. & Saks, A. M. (2007). Socialization tactics, proactive behavior, and newcomer learning: integrating socialization models. *Journal of Vocational Behavior*, 70, 447-462.
- Bakker, A. B., & Demerouti, E. (2007). The job demands–resources model: state of the art. *Journal of Managerial Psychology*, 22, 309–328.
- Bakker, A. B., & Heuven, E. (2006). Emotional dissonance, burnout, and in-role performance among nurses and police officers. *International Journal of Stress Management*, 13, 423-440.
- Bal, P. M., De Lange, A. H., Jansen, P. G. W., & Van Der Velde, M. E. G. (2008). Psychological contract breach and job attitudes: a meta-analysis of age as a moderator. *Journal of Vocational Behavior*, 72, 143-158.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, N.J.: Prentice-Hall.
- Barley, S. (1989). Careers, identities, and institutions: the legacy of the Chicago School of Sociology. In M. B. Arthur, D. T. Hall & B. S. Lawrence (Eds.), *Handbook of Career Theory* (pp. 41–65). New York: Cambridge University Press.
- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173-1182.



- Bauer, T. N., Bodner, T., Erdogan, B., Truxillo, D. M., & Tucker, J. S. (2007). Newcomer adjustment during organizational socialization: a meta-analytic review of antecedents, outcomes, and methods. *Journal of Applied Psychology, 92*, 707-21.
- Bauer, T. N., Morrison, E. W., & Callister, R. R. (1998). Organizational socialization: A review and directions for future research. In G. R. Ferris (Ed.), *Research in personnel and human resource management* (pp. 149–214). Greenwich, CT: JAI Press.
- Becker, T. (2002). A mostly informal analysis of our marketplace of ideas. *The Industrial-Organizational Psychologist, 40*, 77-84.
- Berger, C., & Calabrese, R. (1975). Some explorations in initial interaction and beyond: toward a developmental theory of interpersonal communication. *Human Communication Research, 1*, 99-112.
- Black, C. (2008). *Working for a healthier tomorrow*. London: Stationary Office.
- Black, J. S., & Porter, L. W. (1991). Managerial behaviours and job performance: a successful manager in Los Angeles may not succeed in Hong Kong. *Journal of International Business Studies, 22*, 99-113.
- Blau, P. (1964). *Power and exchange in social life*. New York: J Wiley & Sons.
- Boorman, S. (2009a). *NHS health and well-being review - interim report*. London: Department of Health.
- Boorman, S. (2009b). *NHS Health and Well-being Review – Final Report*. London: Department of Health.
- Boswell, W. R., Shipp, A. J., Payne, S. C., & Culbertson, S. S. (2009). Changes in newcomer job satisfaction over time: examining the pattern of honeymoons and hangovers. *Journal of Applied Psychology, 94*, 844–858.
- Bourne, P. (1967). Some observations on the psychosocial phenomena seen in basic training. *Psychiatry, 30*, 187.
- Buchanan, B. (1974). Building organizational commitment: the socialization of managers in work organizations. *Administrative Science Quarterly, 19*, 533-546.

- Bullis, C. (1993). Organizational socialization research: enabling, constraining, and shifting perspectives. *Communication Monographs*, 60, 10-17.
- Bunderson, J. S. (2001). How work ideologies shape the psychological contracts of professional employees: doctors' responses to perceived breach. *Journal of Organizational Behaviour*, 22, 717-74.
- Burke, M. J., Brief, A. P., & George, J. M. (1993). The role of negative affectivity in understanding relations between self-reports of stressors and strains: a comment on the applied psychology literature. *Journal of Applied Psychology*, 78, 402-412.
- Cammann, C., Fichman, M., Jenkins, D., & Klesh, J. (1979). *The Michigan Organisational Assessment Questionnaire*. Ann Arbor: University of Michigan.
- Care Quality Commission (2009). *NHS Performance Ratings 2008 / 2009. An overview of the performance of NHS trusts in England*. London: Care Quality Commission.
- Care Quality Commission (2010). *National NHS Staff Survey 2010. Questionnaire completed by staff at acute trusts* [PDF document]. Retrieved from <http://archive.cqc.org.uk/publications.cfm>
- Care Quality Commission (2011). *2010 National NHS staff survey: Results from [host organization] NHS Foundation Trust*. London: Care Quality Commission.
- Cassar, V., & Briner, R. B. (2005). Psychological contract 'breach': a multiple component perspective to an over-researched construct? *Revista de Psicología Social*, 20, 125-136.
- Cavanaugh, M. A., & Noe, R. A. (1999). Antecedents and consequences of relational components of the new psychological contract. *Journal of Organizational Behavior*, 20, 323-340.
- Chan, D., & Schmitt, N. (2000). Interindividual differences in intraindividual changes in proactivity during organizational entry: a latent growth modelling approach to understanding newcomer adaptation. *Journal of Applied Psychology*, 85, 190-210.

- Chao, G. T., O'Leary-Kelly, A. M., Wolf, S., Klein, H. J., & Gardner, P. D. (1994). Organizational socialization: its content and consequences. *Journal of Applied Psychology, 79*, 730-743.
- Chen, G., & Klimoski, R. J. (2003). The impact of expectations on newcomer performance in teams as mediated by work characteristics, social exchanges, and empowerment. *Academy of Management Journal, 46*, 591-607.
- Clair, R. (1996). The political nature of the colloquialism, "a real job": implications for organizational socialization. *Communication Monographs, 63*, 249-267.
- Cleary, P., & McNeil, B. (1988). Patient satisfaction as an indicator of quality care. *Inquiry: a journal of medical care organization, provision and financing, 25*, 25-36.
- Cohen, A. (1998). An examination of the relationship between work commitment and work outcomes among hospital nurses. *Scandinavian Journal of Management, 14*, 1-17.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences* (3rd ed.). Mahwah, NJ: Erlbaum.
- Conway, N., & Briner, R. (2002). A daily diary study of affective responses to psychological contract breach and exceeded promises. *Journal of Organizational Behavior, 23*, 287-302.
- Conway, N., & Briner, R. (2005). *Understanding psychological contracts at work: a critical evaluation of theory and research*. Oxford: Oxford University Press.
- Conway, N., & Briner, R. (2009). Fifty years of psychological contract research: what do we know and what are the main challenges? In G. P. Hodgkinson, & J. K. Ford (Eds.), *International Review of Industrial and Organizational Psychology* (71-130). Chichester: Wiley & Sons.
- Conway, N., Guest, D., & Trenberth, L. (2011). Testing the differential effects of changes in psychological contract breach and fulfilment. *Journal of Vocational Behavior, 79*, 267-276.

- Cook, J., & Wall, T. (1980). New work attitude measures of trust, organizational commitment and personal need non-fulfilment. *Journal of Occupational Psychology*, 53, 39-52.
- Cooper-Thomas, H. D. & Anderson, N. (2006). Organizational socialization: a new theoretical model and recommendations for future research and HRM practices in organizations. *Journal of Managerial Psychology*, 21, 492-516.
- Corbin, J. A., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Corden, A., & Millar, J., 2007. Time and change: a review of the qualitative longitudinal research literature for social policy. *Social Policy and Society*, 6, 583-592.
- Coyle-Shapiro, J. A. M. (2002). Contingent and non-contingent working in local government: contrasting psychological contracts. *Public Administration*, 80, 77-101.
- Coyle-Shapiro, J. A. M. (2004). *The employment relationship: examining psychological and contextual perspectives*. Oxford: Oxford University Press.
- Coyle-Shapiro, J. A. M., & Kessler, I. (2000). Consequences of the psychological contract for the employment relationship: a large-scale survey. *Journal of Management Studies*, 37, 903-930.
- Coyle-Shapiro, J. A. M., & Kessler, I. (2002). Exploring reciprocity through the lens of the psychological contract: employee and employer perspectives. *European Journal of Work and Organizational Psychology*, 11, 69 - 86.
- Craig, T. J., & Brown, G. W. (1984) Goal frustration and life events in the etiology of painful gastrointestinal disorder. *Journal of Psychosomatic Research*, 28, 411-421.
- Crocker, J., Fiske, S. T., & Taylor, S. E. (1984). Schematic bases of belief change. In J. R. Eiser (Ed.), *Attitudinal judgement* (pp. 192–226). New York: Springer.
- Cropanzano, R., & Mitchell, M. (2005). Social exchange theory: an interdisciplinary review. *Journal of Management*, 31, 874.

- Daniel, K., & Darby, D. N. (1997). A dual perspective of customer orientation: a modification, extension and application of the SOCO scale. *International Journal of Service Industry Management*, 8, 131-147.
- Dawson, J. F., González-Romá, V., Davis, A., & West, M.A. (2008). Organizational climate and climate strength in UK hospitals. *European Journal of Work and Organizational Psychology*, 17, 89-111.
- De Vos, A., & Freese, C. (2011). Sensemaking during organizational entry: changes in newcomer information seeking and the relationship with psychological contract fulfilment. *Journal of Occupational and Organizational Psychology*, 84, 288-314.
- De Vos, A., Buyens, D., & Schalk, R. (2003). Psychological contract development during organizational socialization: adaptation to reality and the role of reciprocity. *Journal of Organizational Behavior*, 24, 537-559.
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands–resources model of burnout. *Journal of Applied Psychology*, 86, 499–512.
- Department of Health (2000). *An Organisation with a Memory*. London: Stationery Office.
- Department of Health (2002). *Learning from Bristol: The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary*. London: Stationery Office.
- Department of Health (2010a). *The NHS Constitution for England*. London: Stationery Office.
- Department of Health (2010b). *Equity and excellence: Liberating the NHS*. London: Stationary Office.
- Department of Health (2010c). *Healthy lives, healthy people: our strategy for public health in England*. London: Stationery Office.
- Dervin, B. (1992). From the mind's eye of the user: the sense-making qualitative-quantitative methodology. In J. D Glazier and R. R. Powell (Eds.), *Qualitative*

- research in information management* (pp. 61–84). Englewood, CO: Libraries Unlimited.
- Dervin, B. (1998). Sense-Making theory and practice: an overview of user interests in knowledge seeking and use. *Journal of Knowledge Management*, 2, 36-46.
- Donabedian, A. (1988). The quality of care. *Journal of the American Medical Association*, 260, 1743.
- Donaldson, J. H., & Carter, D. (2005). The value of role-modelling: perceptions of undergraduate and diploma nursing (adult) students. *Nurse Education in Practice*, 5, 353-359.
- Donavan, D. T., Brown, T. J., & Mowen, J. C. (2004). Internal benefits of service worker-customer orientation: job satisfaction, commitment, and organizational citizenship behaviors. *Journal of Marketing*, 68, 128-146.
- Dulac, T., Coyle-Shapiro, J. A. M., Henderson, D., & Wayne, S. (2008). Not all responses to breach are the same: a longitudinal study examining the interconnection of social exchange and psychological contract processes in organizations. *Academy of Management Journal*, 51, 1079-1098.
- Earnest, D. R., Allen, D. G., & Landis, R. S. (2011). Mechanisms linking realistic job previews with turnover: a meta-analytic path analysis. *Personnel psychology*, 64, 865-897.
- Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I.L., & Rhoades, L. (2002). Perceived supervisor support: contributions to perceived organizational support and employee retention. *Journal of Applied Psychology*, 87, 565-573.
- Fang, R., Duffy, M. K., & Shaw, J. D. (2011). The organizational socialization process: review and development of a social capital model. *Journal of Management*, 37, 127-152.
- Farrall, S. (2006). *What is Qualitative Longitudinal Research?* (Paper 11). London: LSE Methodology Institute, London School of Economics.
- Feldman, D. C. (1976). A Contingency Theory of Socialization. *Administrative Science Quarterly*, 21, 433-452.

- Fields, D. L. (2002). *Taking the measure of work: a guide to validated scales for organizational research and diagnosis*. London: Sage.
- Finlayson, B., Dixon, J., Meadows, S., & Blair, G. (2002). Mind the gap: the extent of the NHS nursing shortage. *British Medical Journal*, 325, 538-541.
- Firth-Cozens, J. & Greenhalgh, J. (1997). Doctors' perceptions of the links between stress and lowered clinical care. *Social Science and Medicine*, 44, 1017-1022.
- Firth-Cozens, J., & Morrison, L. (1989). Sources of stress and ways of coping in junior house officers. *Stress Medicine*, 5, 121-126.
- Fisher, C. (1986). Organizational socialization: an integrative review. *Research in Personnel and Human Resources Management*, 4, 101-145.
- Flacione, R., & Wilson, C. (1988). Socialization processes in organizations. In G. M. Goldhaber & G. A. Barnett (Eds.) *Handbook of organizational communication* (pp. 151-169). Norwood, NJ, Ablex.
- Flanagan, J. C. (1954). The critical incident technique. *Psychological Bulletin*, 51, 327-358.
- Flood, P. C., Turner, T., Ramamoorthy, N., & Pearson, J. (2001). Causes and consequences of psychological contracts among knowledge workers in the high technology and financial services industries. *International Journal of Human Resource Management*, 12, 1152-1165.
- Forward, G., & Scheerhornd, D. (1996). Identities and the assimilation process in the modern organization. *Interaction and Identity*, 5, 371-391.
- Gelinas, L., & Loh, D. (2004). The effect of workforce issues on patient safety. *Nursing Economics*, 22, 266.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory*. Chicago, IL: Aldine Publishing Company.
- Gouldner, A. (1960). The norm of reciprocity: a preliminary statement. *American Sociological Review*, 25, 161-178.
- Graen, G. (1976). Role-making processes within complex organizations. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp. 1201-1245). Chicago, IL: Rand McNally.

- Graen, G. B., Orris, J. B., & Johnson, T. W. (1973). Role assimilation processes in a complex organization. *Journal of Vocational Behavior*, 3, 395-420.
- Gray, A. M., Phillips, V. L., & Normand, C. (1996). The costs of nursing turnover: evidence from the British National Health Service. *Health Policy*, 38, 117-128.
- Greater London Authority. (2009). *Focus on London 2009*. London: Greater London Authority.
- Greene, J. C., & Caracelli, V. J. (1989). *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. San Francisco, CA: Jossey-Bass.
- Greenhaus, J. H., Parasuraman, S., & Wormley, W. M. (1990). Race, organizational experiences and career outcomes. *Academy of Management Journal*, 33, 64-86.
- Griffeth, R. W., Hom P. W., & Gaertner, S. (2000). A meta-analysis of antecedents and correlates of employee turnover: update, moderator tests, and research implications for the next millennium. *Journal of Management*, 26, 463.
- Griffin, A. E. C., Colella, A., & Goparaju, S. (2000). Newcomer and organizational socialization tactics: an interactionist perspective. *Human Resource Management Review*, 10, 453-474.
- Gruman, J. A., Saks, A. M., & Zweig, D. I. (2006). Organizational socialization tactics and newcomer proactive behaviors: an integrative study. *Journal of Vocational Behavior*, 69, 90-104.
- Guest, D. (1998). Is the psychological contract worth taking seriously? *Journal of Organizational Behavior*, 19, 649-664.
- Guest, D., & Clinton, M. (2006). *Temporary employment contracts, worker well-being and behaviour: evidence from the UK* (working paper number 38). London: Department of Management, King's College London.
- Guest, D., Clinton, M., & James, E. (2007). *Pilot Technical Report: Evaluating the VISP Pilot Questionnaire*. London: Department of management, King's College London.
- Guest, D., & Conway, N. (1998). *Fairness at Work and the Psychological Contract*. London: Chartered Institute of Personnel and Development.



- Guest, D., & Conway, N. (2000). *The psychological contract in the public sector*. London: Chartered Institute of Personnel and Development.
- Guest, D., & Conway, N. (2002). Communicating the psychological contract: an employer perspective. *Human Resource Management Journal*, 12, 22-38.
- Guest, D., & Conway, N. (2004). *Employee Well-Being and the Psychological Contract: A Research Report*. London: Chartered Institute of Personnel and Development.
- Guest, D., Isaksson, K., & De Witte, H. (2010). *Employment contracts, psychological contracts, and worker well-being: an international study*. Oxford: Oxford University Press.
- Guest, D., Redfern, S., Wilson-Barnett, J., Dewe, D., Peccei, R., Rosenthal, P.,...Oakley, P. (2001). *A preliminary evaluation of the establishment of nurse, midwife and health visitor consultants*. London: Department of Management, King's College London.
- Gundry, L. K., & Rousseau, D. M. (1994). Critical incidents in communicating culture to newcomers: the meaning is the message. *Human Relations*, 47, 1063-1088.
- Haas, J. S., Cook, E. F., Puopolo, A. L., Burstin, H. R., Cleary, P. D., & Brennan, T. A. (2000). Is the professional satisfaction of general internists associated with patient satisfaction? *Journal of General Internal Medicine*, 15, 122-128.
- Hackman, J. R., & Oldham, G. R. (1975). Development of the job diagnostic survey. *Journal of Applied Psychology*, 60, 159-170.
- Halm, E. A., Lee, C. & Chassin, M. R. (2002). Is volume related to outcome in health care? A systematic review and methodological critique of the literature. *Annals of Internal Medicine*, 137, 511-520.
- Harding, M. L. (May 2004). Staff turnover costs NHS 'at least £1.5bn'. *Health Services journal*. Retrieved from <http://www.hsj.co.uk/news/staff-turnover-costs-nhs-at-least-16315bn/17908.article>.
- Hartline, M. D., Maxham, J. G., & McKee, D. O. (2000). Corridors of influence in the

- dissemination of customer-oriented strategy to customer contact service employees. *Journal of Marketing*, 64, 35–50.
- Haslam, S. & Ellemers, N. (2005). Social identity in industrial and organizational psychology: concepts, controversies and contributions. *International review of industrial and organizational psychology*, 20, 39–118.
- Haueter, J. A., Macan, T. H., & Winter, J. (2003). Measurement of newcomer socialization: construct validation of a multidimensional scale. *Journal of Vocational Behavior*, 63, 20-39.
- Hayes, A. F. (2009). Beyond Baron and Kenny: statistical mediation analysis in the new millennium. *Communication Monographs*, 76, 408–420.
- Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F. et al. (2006). Nurse turnover: a literature review. *International Journal of Nursing Studies*, 43, 237-263.
- Health and Social Care Information Centre. (2012). *NHS Hospital and Community Health Services: Non-medical workforce census* [Data file]. Retrieved from <http://www.ic.nhs.uk/statistics-and-data-collections/workforce/nhs-staff-numbers/nhs-staff-2001--2011-non-medical>.
- Heberlein, T. A., & Baumgartner, R. (1978). Factors affecting response rate to mailed questionnaires. *American Sociological Review*, 45, 447-462.
- Heffner, T. S., & Gade, P. A. (2003). Commitment to nested collectives in special operations forces. *Military Psychology*, 15, 209-224.
- Hennig-Thurau, T. (2004). Customer orientation of service employees: its impact on customer satisfaction, commitment, and retention. *International Journal of Service Industry Management*, 15, 460-478.
- Hennig-Thurau, T., & Thurau, C. (2003). Customer orientation of service employees - toward a conceptual framework of a key relationship marketing construct. *Journal of Relationship Marketing*, 2, 23-41.
- Hennig-Thurau, T., & Thurau, C. (2003). Customer orientation of service employees – toward a conceptual framework of a key relationship marketing construct. *Journal of Relationship Marketing*, 2, 23-41.

- Henwood, K. & Lang, I. (2003). *Qualitative research resources: a consultation exercise with UK social scientists*. Swindon, UK: ESRC.
- Herriot, P., & Pemberton, C. (1996). Contracting careers. *Human Relations*, 49, 757-790.
- Herriot, P., & Pemberton, C. (1997). Facilitating new deals. *Human Resource Management Journal*, 7, 45-56.
- Herriot, P., Manning, W. E. G., & Kidd, J. M. (1997). The content of the psychological contract. *British Journal of Management*, 8, 151-162.
- Herzberg, F., Maunser, B., & Snyderman, B. (1959). *The Motivation to Work*. New York, NY: John Wiley and Sons.
- Holland, J., Thomson, R., & Henderson, S. (2004). *Feasibility Study for a Possible Qualitative Longitudinal Study: A Discussion Paper*. Swindon, UK: ESRC.
- Holland, J., Thomson, R., & Henderson, S. (2006). *Qualitative longitudinal research: A discussion paper*. Swindon, UK: ESRC.
- Holtom, B., Mitchell, T., Lee, T., & Inderrieden, E. (2005). Shocks as causes of turnover: what they are and how organizations can manage them. *Human Resource Management*, 44, 337-352.
- Holton, E., & Russell, C. (1999). Organizational entry and exit: an exploratory longitudinal examination of early careers. *Human Performance*, 12, 311-341.
- Homans, G. C. (1958). Social behavior as exchange. *The American Journal of Sociology*, 63, 597-606.
- House, R. J., & Rizzo, J. R. (1972). Role conflict and ambiguity as critical variables in a model of organizational behavior. *Organizational Behavior and Human Performance*, 7, 467-505.
- Houser, J. (2003). A model for evaluating the context of nursing care delivery. *Journal of Nursing Administration*, 33, 39-47.
- Howe, K. R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *Educational researcher*, 17, 10-16.

- Huber, G., & Daft, R. (1987). The information environments of organizations. In F. M. Jablin & L. L. Putnam (Eds.). *Handbook of organizational Communication: An interdisciplinary Perspective*. Newbury Park, CA: Sage.
- Hudson, P. (2003). Applying the lessons of high-risk industries to health care. *Quality and Safety in Health Care*, 12, 7–12.
- Hughes, E. (1959). The study of occupations. In R. K. Merton, L. Broom & L. S. Cottrell (Eds.). *Sociology Today* (pp. 400-428). New York, NY: Basic Books.
- Hui, C., Lee, C., & Rousseau, D. M. (2004). Psychological contract and organizational citizenship behavior in china: investigating generalizability and instrumentality. *Journal of Applied Psychology*, 89, 311-321.
- Hutt, R., & Buchan, J. (2005). *Trends in London's NHS Workforce*. London: King's Fund.
- Jablin, F. (1987). Organizational entry, assimilation, and exit. In F. M. Jablin & L. L. Putnam (Eds.). *Handbook of organizational Communication: an interdisciplinary perspective* (pp. 679-740). Newbury Park, CA: Sage.
- Jablin, F. (2001). Organizational entry, assimilation, and disengagement/exit. In F. M. Jablin & L. L. Putnam (Eds.) *The new handbook of organizational communication: Advances in theory, research, and methods* (pp. 732-818). Newbury Park, CA, Sage.
- Jablin, F. M., & Krone, K. J. (1987). Organizational assimilation. In C. R. Berger & S. H. Chaffee (Eds.), *Handbook of communication science* (pp. 711-746). Newbury Park, CA: Sage.
- Jaros, S. J. (1997). An assessment of Meyer and Allen's (1991) three-component model of organizational commitment and turnover intentions. *Journal of Vocational Behavior*, 51, 319-337.
- Jones, G. R. (1986). Socialization tactics, self-efficacy, and newcomers' adjustments to organizations. *Academy of Management Journal*, 29, 262-279.
- Judge, T. A., Thoreson, C. J., Bono, J. E., & Patton, G. K. (2001). The job satisfaction-job performance relationship: a qualitative and quantitative review. *Psychological Bulletin*, 127, 376-407.

- Kaldenberg, D. O., Koenig, H. F., & Becker, B. W. (1994). Mail survey response rate patterns in a population of the elderly: does response deteriorate with age? *Public Opinion Quarterly*, 58, 68–76.
- Kammeyer-Mueller, J. D., & Wanberg, C. R. (2003). Unwrapping the organizational entry process: disentangling multiple antecedents and their pathways to adjustment. *Journal of Applied Psychology*, 88, 779–94.
- Katz, D., & Kahn, R. L. (1978). *The social psychology of organizations*. New York: Wiley.
- Kelley, S. W. (1992). Developing customer orientation among service employees. *Journal of the Academy of Marketing Science*, 20, 27–36.
- Kemppainen, J. K. (2000). The critical incident technique and nursing care quality research. *Journal of Advanced Nursing* 32, 1264–1271.
- Kiewitz, C., Restubog, S., Zagenczyk, T., & Hochwarter, W. (2008). The interactive effects of psychological contract breach and organizational politics on perceived organizational support: evidence from two longitudinal studies. *Journal of Management Studies*, 46, 806–834.
- Kim, T., Cable, D., & Kim, S. (2005). Socialization tactics, employee proactivity, and person-organization fit. *Journal of Applied Psychology*, 90, 232–241.
- Kohn, L., Corrigan, J., & Donaldson, M. (2000). *To Err Is Human*. Washington, DC: Institute of Medicine.
- Kottke, J. L., & Sharafinski, C. E. (1988). Measuring perceived supervisory and organizational support. *Educational and Psychological Measurement*, 48, 1075–1079.
- Kramer, M. (2010). *Organizational socialization: joining and leaving organizations*. Malden, MA: Polity.
- Kramer, M., & Miller, V. (1999). A response to criticisms of organizational socialization research: in support of contemporary conceptualizations of organizational assimilation. *Communication Monographs*, 66, 358–367.

- Lambert, L. (2010). Promised and delivered inducements and contributions: an integrated view of psychological contract appraisal. *Journal of Applied Psychology*, 96, 695-712.
- Lang, T. A., Hodge, M., Olson, V., Romano, P. S., & Kravitz, R. L. (2004). Nurse-patient ratios: a systematic review on the effects of nurse staffing on patient, nurse employee, and hospital outcomes. *Journal of Nursing Administration*, 34, 326-337.
- Leatherman, S., & Sutherland, K. (2008) *The quest for quality: refining the NHS reforms*. London: Nuffield Trust.
- Lee, T. W., Mitchell, T. R., Holtom, B., McDaniel, L., & Hill, J. W. (1999). The unfolding model of turnover: A replication and extension. *Academy of Management Journal*, 42, 450-462
- Lee, T., & Mitchell, T. (1994). An alternative approach: the unfolding model of voluntary employee turnover. *Academy of Management Review*, 19, 51-89.
- Lester, R. E. (1987). Organizational culture, uncertainty reduction, and the socialization of new organizational members. In S. Thomas (Ed.) *Culture and communication: methodology, behavior, artifacts, and institutions* (pp. 105-113). Norwood: Ablex.
- Lester, S. W., Kickul, J. R., & Bergmann, T. J. (2007). Managing employee perceptions of the psychological contract over time: the role of employer social accounts and contract fulfilment. *Journal of Organizational Behavior*, 28, 191-208.
- Levinson, H. (1965). Reciprocation: the relationship between man and organization. *Administrative Science Quarterly*, 9, 370-390.
- Levinson, H., Price, C., Munden, K., Mandl, H., & Solley, C. (1962). *Men, management, and mental health*. Cambridge, MA: Harvard University Press.
- Lincoln, Y. S., & Guba, E. (1985). *Naturalistic enquiry*. Beverly Hills, CA: Sage.
- Louis, M. R. (1980). Surprise and sense making: what newcomers experience in entering unfamiliar organizational settings. *Administrative Science Quarterly*, 25, 226-251.

- Macneil, I. (1985). Relational contract: what we do and do not know. *Wisconsin Law Review*, 3, 483.
- Mannion, R., Davies, H., Harrison, S., Konteh, F., Greener, I., McDonald, R.,...Hyde, P. (2010). *Changing management cultures and organisational performance in the NHS*. London: SDO.
- Manz, C. (1983). *The art of self-leadership: strategies for personal effectiveness in your life and work*. Englewood Cliffs, NJ: Prentice-Hall.
- March, J. & Simon, H. (1958). *Organizations*. New York, NY: Wiley.
- Massey, E. K., Garnefski, N., Gebhardt, W. A., & van der Leeden, R. (2011). A daily diary study on the independent and interactive effects of headache and self-regulatory factors on daily affect among adolescents. *British Journal of Health Psychology*, 16, 288–299.
- Massey, E. K., Garnefski, N., & Gebhardt, W. A. (2009). Goal frustration, coping and well-being in the context of adolescent headache: a self-regulation approach. *European Journal of Pain*, 13, 977–984.
- McLean Parks, J., Kidder, D. L., & Gallagher, D. G. (1998). Fitting square pegs into round holes: mapping the domain of contingent work arrangements onto the psychological contract. *Journal of Organizational Behavior*, 19, 697-730.
- Menninger, K. & Holzman, P. (1958). *Theory of psychoanalytic technique*. New York, NY: Basic Books.
- Meyer, J. P., & Herscovitch, L. (2001). Commitment in the workplace: toward a general model. *Human Resource Management Review*, 11, 299-326.
- Meyer, J. P., Allen, N. J., & Smith, C. A. (1993). Commitment to organizations and occupations: extension and test of a three-component conceptualization. *Journal of Applied Psychology*, 78, 538.
- Miles, M. B., & Huberman, A. M. (1984) *Qualitative Data Analysis: A sourcebook of New Methods*. Newbury Park, CA: Sage.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative Data Analysis* (2nd edition). Thousand Oaks, CA: Sage.

- Miller, R. B., & Hollist, C. S. (2007). Attrition bias. In Salkind (Ed.), *Encyclopaedia of measurement and statistics* (pp. 57-60). Thousand Oaks, CA: Sage
- Miller, R. B., & Wright, D. W. (1995). Detecting and correcting attrition bias in longitudinal family research. *Journal of Marriage and the Family*, 57, 921-9.
- Miller, V., D., & Jablin, F. M. (1991). Information seeking during organizational entry: influences, tactics, and a model of the process. *Academy of Management Review*, 16, 92-120.
- Millward, L., & Hopkins, L. (1998). Psychological contracts, organizational and job commitment. *Journal of Applied Social Psychology*, 28, 1530-1556.
- Mitchell, T. R., & James, L. R. (2001). Building better theory: time and the specification of when things happen. *Academy of Management Review*, 26, 530-547
- Moreland, R. & Levine, J. (2001). Socialization in organizations and work groups. In M. Turner (Ed.), *Groups at Work* (pp. 69-112). New Jersey, NJ: Laurence Earlbaum.
- Morrison, E. W. (1993a). Longitudinal study of the effects of information seeking on newcomer socialization. *Journal of Applied Psychology*, 78, 173-183.
- Morrison, E. W. (1993b). Newcomer information seeking: exploring types, modes, sources, and outcomes. *Academy of Management Journal*, 36, 557-589.
- Morrison, E. W. (1995). Information usefulness and acquisition during organizational encounter. *Management Communication Quarterly*, 9, 131-155.
- Morrison, E. W., & Robinson, S. L. (1997). When employees feel betrayed: a model of how psychological contract violation develops. *Academy of Management Review*, 22, 226-256.
- Motowidlo, S., Manning, M., & Packard, J. (1986). Occupational stress: its causes and consequences for job performance. *Journal of Applied Psychology*, 71, 618-629.
- Mowday, R. T., Steers, R., & Porter, L. W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior*, 14, 224-247.



- National Patient Safety Agency (2004). *Seven Steps to patient Safety*. London: National Patient Safety Agency.
- National Patient Safety Agency (2006). *Differentiating audit, service evaluation and research*. London: National Patient Safety Agency.
- Needham, C. E. (2006). Customer care and the public service ethos. *Public Administration*, 84, 845-860.
- Nunnally, J. C. (1967). *Psychometric Theory*. New York: McGraw-Hill.
- O'Neil, B. S., Halbesleben, J. R. B., & Edwards, J. C. (2007). Integrating employment contracts and comparisons: what one can teach us about the other. *Journal of Managerial Issues*, 19, 161-185.
- Orvis, K., Dudley, N., & Cortina, J. (2008). Conscientiousness and reactions to psychological contract breach: a longitudinal field study. *Journal of Applied Psychology*, 93, 1183-1193.
- Ostroff, C., & Kozlowski, S. W. J. (1992). Organizational socialization as a learning process: the role of information acquisition. *Personnel Psychology*, 45, 849-874.
- Ostroff, C., & Kozlowski, S. W. J. (1993). The role of mentoring in the information gathering processes of newcomers during early organizational socialization. *Journal of Vocational Behavior*, 42, 170-183.
- Parker, D. F., & DeCotiis, T. A. (1983). Organizational determinants of job stress. *Organizational Behaviour and Human Performance*, 32, 160-177.
- Parzefall, M., & Coyle-Shapiro, J. A. M. (2011). Making sense of psychological contract breach. *Journal of Managerial Psychology*, 26, 12-27.
- Patterson, M. G., West, M. A., Shackleton, V. J., Dawson, J. F., Lawthom, R., Maitlis, S.,...Wallace, A. M. (2005). Validating the organizational climate measure: links to managerial practices, productivity and innovation. *Journal of Organizational Behavior*, 26, 379-408.
- Pearce, J. L., & Porter, L. W. (1986). Employee responses to formal performance appraisal feedback. *Journal of Applied Psychology*, 71, 211-218.

- Peccei, R., & Rosenthal, P. (2000). Front-line responses to customer orientation programs: a theoretical and empirical analysis. *International Journal of Human Resource Management*, 11, 562-590.
- Phillips, J. M. (1998). Effects of realistic job previews on multiple organizational outcomes: a meta-analysis. *Academy of Management Journal*, 41, 673-690.
- Pitariu, A. H., & Ployhart, R. E. (2010). Explaining change: theorizing and testing dynamic mediated longitudinal relationships. *Journal of Management*, 36, 405-429.
- Ployhart, R. E., & Vandenberg, R. J. (2010). Longitudinal research: the theory, design, and analysis of change. *Journal of Management*, 36, 94-120.
- Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioural research: a critical review of the literature and recommended remedies. *Journal of Applied Psychology*, 88, 879-903.
- Popovich, P., & Wanous, J. P. (1982). The realistic job preview as a persuasive communication. *Academy of Management Review*, 7, 570-578.
- Porter, L. W., Pearce, J. L., Tripoli, A.M., & Lewis, K. M. (1998). Differential perceptions of employers' inducements: implications for psychological contracts. *Journal of Organizational Behaviour*, 19, 769-782.
- Porter, L. W., Steers, R. M., Mowday, R. T., & Boulian, P. V. (1974). Organizational commitment, job satisfaction, and turnover among psychiatric technicians. *Journal of Applied Psychology*, 5, 603-609.
- Porter, L., Lawler, E., & Hackman, J. (1975). *Behavior in organizations*, New York: McGraw-Hill.
- Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods*, 36, 717-731.
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879-891.

- Price, J. L. (1972). *Handbook of Organizational Measurement* Lexington, MA: D. C. Heath and Company.
- Price, J. L., & Mueller, C. W. (1981). A causal model of turnover for nurses. *Academy of Management Journal*, 24, 543 – 565.
- Pugh, S. D., Skarlicki, D. P., & Passell, B. S. (2003). After the fall: layoff victims' trust and cynicism in re-employment. *Journal of Occupational and Organizational Psychology*, 76, 201-212.
- Rafferty, A. M., Clarke, S. P., Coles, J., Ball, J., James, P., McKee, M., & Aiken, L. H. (2007). Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records. *International Journal of Nursing Studies*, 44, 175-182.
- Raja, U., Johns, G., & Ntalianis, F. (2004). The impact of personality on psychological contracts. *Academy of Management Journal*, 47, 350–367.
- Raleigh, V., Hussey, D., Seccombe, I., & Qi, R. (2009). Do associations between staff and inpatient feedback have the potential for improving patient experience? An analysis of surveys in NHS acute trusts in England. *Quality and Safety in Health Care*, 18, 347.
- Reichers A. E. (1987). An interactionist perspective on newcomer socialization rates. *Academy of Management Review*, 12, 278-287.
- Rigotti, T. (2009). Enough is enough? Threshold models for the relationship between psychological contract breach and job-related attitudes. *European Journal of Work and Organizational Psychology*, 18, 442-463.
- Riketta, M. (2005). Organizational identification: a meta-analysis. *Journal of Vocational Behavior*, 66, 358-384.
- Riordan, C., Weatherly, E., Vandenberg, R., & Self, R. (2001). The effects of pre-entry experiences and socialization tactics on newcomer attitudes and turnover. *Journal of Managerial Issues*, 13, 159-176.
- Rizzo, J. R., House, R. J., & Lirtzman, S. I. (1970). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly*, 15, 150-163.

- Robinson, S. L. (1996). Trust and breach of the psychological contract. *Administrative science quarterly*, 41, 574-599.
- Robinson, S. L., & Morrison, E. W. (2000). The development of psychological contract breach and violation: a longitudinal study. *Journal of Organizational Behavior*, 21, 525-546.
- Robinson, S. L., & Rousseau, D. M. (1994). Violating the psychological contract: not the exception but the norm. *Journal of Organizational Behavior*, 15, 245-259.
- Robinson, S. L., Kraatz, M. S., & Rousseau, D. M. (1994). Changing Obligations and the Psychological Contract: A Longitudinal Study. *Academy of Management Journal*, 37, 137-152.
- Roehling, M. (1997). The origins and early development of the psychological contract construct. *Journal of Management History*, 3, 204-217.
- Rousseau, D. M. (1989). Psychological and implied contracts in organizations. *Employee Responsibilities and Rights Journal*, 2, 121-139.
- Rousseau, D. M. (1990). New hire perceptions of their own and their employer's obligations: A study of psychological contracts. *Journal of Organizational Behavior*, 11, 389-400.
- Rousseau, D. M. (1995). *Psychological contracts in organizations: understanding written and unwritten agreements*. Thousand Oaks, CA: Sage.
- Rousseau, D. M. (2001). Schema, promise and mutuality: the building blocks of the psychological contract. *Journal of occupational and organizational psychology*, 74, 511-541.
- Rowland, K. M., & Ferris, G. R. (1999). *Research in personnel and human resources management*. Stamford, CT: JAI Press.
- Saks, A. M., & Ashforth, B. E. (1996). Proactive socialization and behavioral self-management. *Journal of Vocational Behavior*, 48, 301-323.
- Saks, A. M., & Ashforth, B. E. (1997). Organizational socialization: making sense of the past and present as a prologue for the future. *Journal of Vocational Behavior*, 51, 234-279.

- Saks, A. M., & Gruman, J. A. (2011). Organizational socialization and positive organizational behavior: implications for theory research and practice. *Canadian Journal of Administrative Sciences*, 28, 14-26.
- Salancik, G. R., & Pfeffer, J. (1978). Social information processing approach to job attitudes and task design. *Administrative Science Quarterly*, 23, 224-253.
- Saldaña, J. (2003). *Longitudinal qualitative research: analyzing change through time*. Walnut Creek, CA: Alta Mira.
- Sale, J. E., Lohfeld, L. H., & Brazil, K. (2002). Revisiting the quantitative-qualitative debate: implications for mixed-methods research. *Quality & Quantity*, 36, 43-53.
- Sauter, S. L., Murphy, L. R., & Hurrell, J. J. (1990). Prevention of work-related psychological disorders: a national strategy proposed by the National Institute for Occupational Safety and Health (NIOSH). *American Psychologist*, 45, 1146-1158.
- Saxe, R., & Weitz, B. A. (1982). The SOCO scale: a measure of the customer orientation of salespeople. *Journal of marketing research*, 19, 343-351.
- Scally, G., & Donaldson, L. J. (1998). Clinical governance and the drive for quality improvement in the new NHS in England. *British Medical Journal*, 317, 61-65.
- Schalk, R., & Roe, R. E. (2007). Towards a dynamic model of the psychological contract. *Journal for the Theory of Social Behaviour*, 37, 167-182.
- Schein, E. (1965). *Organizational psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Schein, E. (1978). *Career dynamics: Matching individual and organizational needs*. Reading, MA: Addison-Wesley.
- Schein, E. (1980). *Organizational Psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Schein, E. H. (1968). Organizational socialization and the profession of management. *Industrial Management Review*, 9, 1-15.
- Schein, E. H. (1971). The individual, the organization, and the career: a conceptual scheme. *Journal of Applied Behavioral Science*, 7, 401-426.

- Scott, C., & Myers, K. (2005). The socialization of emotion: learning emotion management at the fire station. *Journal of Applied Communication Research*, 33, 67-92.
- Sels, L., Janssens, M., & Van Den Brande, I. (2004). Assessing the nature of psychological contracts: a validation of six dimensions. *Journal of Organizational Behavior*, 25, 461-488.
- Sheldon, H., Graham, C., Potheary, N., & Rasul, R. (2007). *Increasing response rates amongst black and minority ethnic and seldom heard groups*. Oxford: Picker Institute Europe.
- Shore, L. M. & Tetrick, L. E. (1994). The psychological contract as an explanatory framework in the employment relationship. In C. L. Cooper & D. M. Rousseau (Eds.), *Trends in organizational behavior* (pp. 91-109). Oxford: John Wiley & Sons.
- Shore, L. M., & Barksdale, K. (1998). Examining degree of balance and level of obligation in the employment relationship: a social exchange approach. *Journal of Organizational Behavior*, 19, 731-744.
- Smith, J. K., & Heshusius, L. (1986). Closing down the conversation: the end of the quantitative/qualitative debate among educational inquiries. *Educational Researcher* 15, 4-12.
- Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement*. Chicago, IL: Rand McNally.
- Smith, R., & Turner, P. (1995). A social constructionist reconfiguration of metaphor analysis: an application of "SCMA" to organizational socialization theorizing. *Communication Monographs*, 62, 152-181.
- Soper, D. S. (2012). *A-priori sample size calculator for multiple regression* [online software]. Retrieved from <http://www.danielsoper.com/statcalc3>.
- Spector, P. E. (1994). Using self-report questionnaires in OB research: a comment on the use of a controversial method. *Journal of Organizational Behavior*, 15, 385-392.

- Stock, R. M., & Hoyer, W. D. (2005). An attitude-behavior model of salespeople's customer orientation. *Journal of the Academy of Marketing Science*, 33, 536-552.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Suazo, M. M., Turnley, W. H., & Mai-Dalton, R. R. (2005). The role of perceived violation in determining employees' reactions to psychological contract breach. *Journal of Leadership & Organizational Studies*, 12, 24-36.
- Sutton, G., & Griffen, M. (2004). Integrating expectations, experiences and psychological contract violations. A longitudinal study of new professionals. *Journal of Occupational and Organizational Psychology*, 77, 493-514.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33-47). Monterey, CA: Brooks/Cole.
- Taormina, R. J. (2004). Convergent validation of two measures of organizational socialization. *The International Journal of Human Resource Management*, 15, 76 - 94.
- Taris, R., Feij, J. A., & van Vianen, A. E. (2005). Met expectations and supplies—values fit of Dutch young adults as determinants of work outcomes. *The International Journal of Human Resource Management*, 16, 366-382.
- Tashakkori, A., & Teddlie, C. (1998). *Mixed methodology: Combining the qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.
- Teddlie, C., & Tashakkori, A. (2003). Major Issues and Controversies in the use of Mixed Methods in the Social and Behavioural Sciences. In C. Teddlie & A. Tashakkori (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 3-52). Thousand Oaks, CA: Sage.
- Thibault, J., & Kelley, H. (1959). *The Social Psychology of Groups*. New York, NY: Beatrix Gruber.

- Thomas, H. D. C., & Anderson, N. (1998). Changes in newcomers' psychological contracts during organizational socialization: a study of recruits entering the British Army. *Journal of Organizational Behavior*, 19, 745-767.
- Thomas, J., Clark, S., & Gioia, D. (1993). Strategic sensemaking and organizational performance: linkages among scanning, interpretation, action, and outcomes. *Academy of Management Journal*, 36, 239-270.
- Thompson, M., & Heron, P. (2005). The difference a manager can make: organizational justice and knowledge worker commitment. *International Journal of Human Resource Management*, 16, 383-404.
- Turnley, W. H., & Feldman, D. C. (1999). The impact of psychological contract violations on exit, voice, loyalty, and neglect. *Human Relations*, 52, 895-922.
- Turnley, W. H., & Feldman, D. C. (2000). Re-examining the effects of psychological contract violations: unmet expectations and job dissatisfaction as mediators. *Journal of Organizational Behavior*, 21, 25-42.
- Turnley, W. H., Bolino, M. C., Lester, S. W., & Bloodgood, J. M. (2003). The impact of psychological contract fulfilment on the performance of in-role and organizational citizenship behaviors. *Journal of Management*, 29, 187-206.
- Van Der Doef, M. & Maes, S. (1999). The Leiden Quality of Work Questionnaire: its construction, factor structure, and psychometric qualities. *Psychological Reports*, 85, 954-962.
- Van Maanen, J. (1975). Police socialization: a longitudinal examination of job attitudes in an urban police department. *Administrative Science Quarterly*, 20, 207-228.
- Van Maanen, J. (1976). Breaking in: Socialization to work. IN R DUBLIN (Ed.) *Handbook of Work, Organization, and Society*. Chicago, IL, Rand-McNally.
- Van Maanen, J. & Schein, E. H. (1979). Toward a theory of organizational socialization. In B. M. Staw (Ed.), *Research in organizational behavior*. Greenwich CT: JAI Press.



- Vandenberg, R. J., & Nelson, J. B. (1999). Disaggregating the motives underlying turnover intentions: when do intentions predict turnover behaviour? *Human Relations*, 52, 1313-1336.
- Vandenberg, R. J., & Self, R. M. (1993). Assessing newcomers' changing commitments to the organization during the first 6 months of work. *Journal of Applied Psychology*, 78, 557.
- Viswesvaran, C., & Ones, D. S. (2000). Perspectives on models of job performance. *International Journal of Selection and Assessment*, 8, 216-226.
- Waldeck, J., & Myers, K. (2007). Organizational assimilation theory, research, and implications for multiple divisions of the discipline: a state of the art review. In C. Beck (Ed.), *Communication yearbook 31* (pp. 322-369). Mahwah, NJ: Lawrence Erlbaum.
- Wanberg, C., & Kammeyer-Mueller, J. (2000). Predictors and outcomes of proactivity in the socialization process. *Journal of Applied Psychology*, 85, 373-38.
- Wanous, J. (1992). *Organizational entry: recruitment, selection, and socialization of newcomers*. Reading, MA: Addison-Wesley.
- Wanous, J. P. (1980). *Organizational entry*. Reading, MA: Addison-Wesley.
- Wanous, J. P., & Reichers, A. E. (2000). New employee orientation programs. *Human Resource Management Review*, 10, 435-451.
- Wanous, J. P., Arnon, E. R., & Malik, S. D. (1984). Organizational socialization and group development: toward an integrative perspective. *Academy of Management Review*, 9, 670-683.
- Waring, J. (2007). Adaptive regulation or governmentality: patient safety and the changing regulation of medicine. *Sociology of Health and Illness*, 29, 163-179.
- Warr, P. B. (1990). Decision latitude, job demands, and employee well-being. *Work and Stress*, 4, 285-294.
- Watson, D., Clarke, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: the PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070.

- Weick, K. E. (1995). *Sensemaking in organizations*, Thousand Oaks, CA: Sage.
- Weick, K. E., Sutcliffe, K. M., & Obstfeld, D. (2005). Organizing and the process of sensemaking. *Organization Science*, 16, 409–421.
- Weisman, C. S., & Nathanson, C. A. (1985). Professional satisfaction and client outcomes. A comparative organizational analysis. *Medical Care*, 23, 1179-1192.
- Weiss, D. J., Dawis, R. V., England, G. W., and Lofquist, L. H. (1967). *Manual for the Minnesota Satisfaction Questionnaire*. Minneapolis: Industrial Relations Center, University Of Minnesota.
- Welbourne, T. M., Johnson, D. E., & Erez, A. (1998). The role-based performance scale: validity analysis of a theory-based measure. *Academy of Management Journal*, 41, 540-555.
- West, M. A., Guthrie, J. P., Dawson, J. F., Borrill, C. S., & Carter, M. (2006). Reducing patient mortality in hospitals: the role of human resource management. *Journal of Organizational Behavior*, 27, 983-1002.
- Westland, J. C. (2010). Lower bounds on sample size in structural equation modelling. *Electronic Commerce Research and Applications*, 9, 476–487.
- White, T. A., & Spector, P. E. (1987). An investigation of age-related factors in the age-job satisfaction relationship. *Psychology and Aging*, 2, 261-265.
- Yin, R. (1993). *Applications of case study research*. Beverly Hills, CA: Sage.
- Zhao, H., Wayne, S. J., Glibkowski, B. C., & Bravo, J. (2007). The impact of psychological contract breach on work-related outcomes: a meta-analysis. *Personnel Psychology*, 60, 647-680.

## Appendix 1

### Ethical approval for the research

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27<sup>th</sup> of August 2009.

Professor David Guest,  
 Professor of Organizational Psychology and Human Resource Management,  
 Kings College London,  
 The Department of Management, King's College London,  
 Franklin-Wilkins Building, 150 Stamford Street,  
 London,  
 SE1 9NH.

Dear Professor Guest,

**Study Title:** The Implications of Organisational Socialisation for  
 Service Quality and Turnover in a National Health  
 Service Hospital Trust  
**REC reference number:** 09/H0808/67  
**Protocol number:** v7

Thank you for your letter of the 21<sup>st</sup> of July 2009, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered by the Chair on the 26<sup>th</sup> of August 2009.

#### Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

#### Ethical review of research sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

#### Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

For NHS research sites only, management permission for research ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

This Research Ethics Committee is an advisory committee to London Strategic Health Authority  
*The National Research Ethics Service (NRES) represents the NRES Directorate within  
 the National Patient Safety Agency and Research Ethics Committees in England*

Where the only involvement of the NHS organisation is as a Participant Identification Centre, management permission for research is not required but the R&D office should be notified of the study. Guidance should be sought from the R&D office where necessary.

Sponsors are not required to notify the Committee of approvals from host organisations.

**It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).**

#### Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Funding		21 December 2006
Participant Information Sheet	v2	
Questionnaire	v2	23 June 2009
Compensation Arrangements	AON	30 July 2008
Covering Letter		23 June 2009
Protocol	v7	
Investigator CV	David Guest	
REC application		24 June 2009
Response to Request for Further Information		21 July 2009

#### Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

#### After ethical review

Now that you have completed the application process please visit the National Research Ethics Service website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

The attached document "*After ethical review – guidance for researchers*" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email [referencegroup@nres.npsa.nhs.uk](mailto:referencegroup@nres.npsa.nhs.uk).

09/H0808/67

Please quote this number on all correspondence

Yours sincerely,



**Dr David Jewitt,  
Chair.**

Email: [chris.ward@kch.nhs.uk](mailto:chris.ward@kch.nhs.uk)

Enclosures:  
Copy to:

"After ethical review – guidance for researchers": SL- AR2  
Professor Tim Newton  
R&D office for NHS care organisation at lead site

## Appendix 2

### Surveys used in the research

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#### Month one survey

##### **THE EXPERIENCES OF NEW MEMBERS OF STAFF AT [THE HOSPITAL]**

We would like to invite you to take part in an important research study that is being conducted by researchers from King's College London ([www.kingspssq.org.uk](http://www.kingspssq.org.uk)). Taking part involves filling out this short questionnaire. Any information you give will remain strictly confidential and you will never be referred to by name in any future reporting of results. Information will be stored securely and accessed only by members of the research team.

The research has been designed to examine how the experiences of new members of staff at [the hospital] affect their attitudes about work. We are interested in this topic because research shows that the first few months in a new job can have a real impact on the working lives of staff.

If you have any queries then feel free to contact a member of the research team:

Professor David Guest ([david.guest@kcl.ac.uk](mailto:david.guest@kcl.ac.uk)) or

Mr Chris Woodrow ([christopher.a.woodrow@kcl.ac.uk](mailto:christopher.a.woodrow@kcl.ac.uk) or 0207 848 7159)

Whilst we hope that you take part, it is up to you to decide if you want to. If you do want to, we may contact you later on with a further questionnaire to fill out. We may also check whether you are still in your post with Human Resources. The Human Resources Department at [the hospital] will also collect information from you on other aspects of your working life, but this is not related to the information that we are collecting in this research. You are free to withdraw at any time without giving a reason. When we finish the research, we will produce a report for [the hospital], and we will put a summary of the findings on our website ([www.kingspssq.org.uk](http://www.kingspssq.org.uk)).

#### Instructions

For each question, please cross, tick or circle one answer as illustrated in the examples below. You may be asked questions that are similar to ones you may have already answered earlier in the questionnaire - this is intentional. There are no right or wrong answers – we are interested in your thoughts and opinions.

#### Examples

1. Are you....
<input checked="" type="checkbox"/> Male
<input type="checkbox"/> Female

2. To what extent do you agree with the following statement?	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
I am happy with my job	1	2	3	4	5

**NOW PLEASE TURN OVER TO COMPLETE THE QUESTIONNAIRE**

## PART A: YOUR NEW POST AT [THE HOSPITAL]

1. What is the title of your new post at [the hospital]?

2. Which division / department is this post based in?

### Clinical Divisions:

- ☐ Cardiac<sub>1</sub>
- ☐ Child Health<sub>2</sub>
- ☐ Corporate<sub>3</sub>
- ☐ Critical Care – Surgery<sub>4</sub>
- ☐ Dental<sub>5</sub>
- ☐ Dietetics<sub>6</sub>
- ☐ General & Emergency Medicine<sub>7</sub>
- ☐ Imaging<sub>8</sub>
- ☐ Int. & Private Patients<sub>9</sub>
- ☐ Liver<sub>10</sub>

- ☐ Neuroscience<sub>11</sub>
- ☐ Nuclear Medicine<sub>12</sub>
- ☐ Pathology<sub>13</sub>
- ☐ Pharmacy<sub>14</sub>
- ☐ Renal<sub>15</sub>
- ☐ Specialist Medicine<sub>16</sub>
- ☐ Women's Health<sub>17</sub>
- ☐ Haematology<sub>18</sub>
- ☐ Therapies<sub>19</sub>

### Other Key Departments:

- ☐ Capital Estates & Facilities<sub>20</sub>
- ☐ Directorate of Strategic Development<sub>21</sub>
- ☐ Executive Nursing Team<sub>22</sub>
- ☐ Finance and Information Services<sub>23</sub>
- ☐ Human Resources<sub>24</sub>
- ☐ Infection Control<sub>25</sub>
- ☐ Medical Director's Office<sub>26</sub>
- ☐ Operations<sub>27</sub>
- ☐ Performance and Contracts<sub>28</sub>
- ☐ Directorate of Strategic Development<sub>29</sub>

3. When was your first day in this post?

D  D  M  M  Y  Y  Y  Y

4. Please briefly describe the reasons why you chose to join [the hospital]

5. How many hours per week are you contracted to work at [the hospital]?

- ☐ Up to 29 hours per week<sub>1</sub>
- ☐ 30 hours per week or more<sub>2</sub>

6. Does your job at [the hospital] involve face-to-face contact with patients / service users?

- ☐ Yes, frequently<sub>1</sub>
- ☐ Yes, occasionally<sub>2</sub>
- ☐ No<sub>3</sub>

7. Please state to what extent you agree with the following statements:

	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) During the recruitment process, I talked in depth with people at [the hospital]	1	2	3	4	5
b) When being recruited by [the hospital], I met with many different people	1	2	3	4	5
c) I had considerable interaction with people at [the hospital] when I was recruited	1	2	3	4	5
d) I met with only a few people from [the hospital] prior to taking the job	1	2	3	4	5



**PART B: BEFORE [THE HOSPITAL]**

8. What were you doing directly before you started this post at [the hospital]?

- ☐ Unemployed,
- ☐ Working, (please specify post & organisation).....
- ☐ Training / education, (please specify course & institution).....
- ☐ Other, (please specify).....

9. Please think about the last organisation that you worked at or trained in. To what extent do you agree with the following statements?	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) My last organisation was always looking to achieve the highest standards of quality	1	2	3	4	5
b) Quality was taken very seriously in my last organisation	1	2	3	4	5
c) My last organisation did not have much of a reputation for high quality	1	2	3	4	5
d) People believed that success depended on high quality work in my last organisation	1	2	3	4	5

**PART C: YOUR OBLIGATIONS TO [THE HOSPITAL]**

10. The following list consists of some promises and commitments that people sometimes make to their organisation.

For each, please consider the extent to which you have made such a promise to [the hospital], either formally or informally, up until now.

Have you promised or committed yourself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
a) Work all the hours that you possibly can?	1	2	3	4	5
b) Be polite to patients / service users, even if they are being rude and unpleasant to you?	1	2	3	4	5
c) Go to work even if you don't feel particularly well?	1	2	3	4	5
d) Treat patients and service users with respect?	1	2	3	4	5
e) Come to work on time?	1	2	3	4	5
f) Uphold [the hospital's] values?	1	2	3	4	5
Have you promised or committed yourself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
g) Remain a [hospital] employee for the rest of your career?	1	2	3	4	5
h) Meet the performance requirements of your job?	1	2	3	4	5
i) Work overtime or extra hours when required?	1	2	3	4	5
j) Put the needs of patients / service users first?	1	2	3	4	5
k) Adhere to [the hospital's] behaviour standards?	1	2	3	4	5
l) Treat all patients equally?	1	2	3	4	5

Have you promised or committed yourself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
m) Provide safe and high quality care to patients / service users?	1	2	3	4	5
n) Show loyalty to [the hospital]?	1	2	3	4	5
o) Protect [the hospital's] image?	1	2	3	4	5
p) Volunteer to do tasks outside your job description?	1	2	3	4	5
q) Assist others with their work?	1	2	3	4	5
r) Communicate effectively with patients / service users?	1	2	3	4	5
s) Develop your skills to be able to perform well in your job?	1	2	3	4	5
t) Treat all of your colleagues equally?	1	2	3	4	5
u) Be a good team player?	1	2	3	4	5

#### PART D: [THE HOSPITAL'S] OBLIGATIONS TO YOU

11. Next follows a list of some promises and commitments which organisations sometimes make to their employees.					
For each, please consider whether such a promise has been made to you by [the hospital], either formally or informally, until now.					
Has [the hospital] promised or committed itself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
a) Provide you with interesting work?	1	2	3	4	5
b) Provide an environment free from bullying, violence and harassment?	1	2	3	4	5
c) Provide you with a job for life?	1	2	3	4	5
d) Provide you with good pay for the work you do?	1	2	3	4	5
e) Provide you with a job that is challenging?	1	2	3	4	5
f) Allow you to participate in decision-making?	1	2	3	4	5
g) Provide you with a safe working environment?	1	2	3	4	5
Has [the hospital] promised or committed itself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
h) Provide a good working atmosphere?	1	2	3	4	5
i) Turn a blind eye if you are late for work?	1	2	3	4	5
j) Be flexible in matching the demands outside of work with your job?	1	2	3	4	5
k) Provide possibilities to work together in a pleasant way?	1	2	3	4	5
l) Provide you with opportunities to advance and grow?	1	2	3	4	5
m) Provide you with a career?	1	2	3	4	5
n) Provide you with a reasonably secure job?	1	2	3	4	5



Has [the hospital] promised or committed itself to...	No, not at all	Yes, slightly	Yes, somewhat	Yes, moderately	Yes, to a great extent
o) Improve your future employment prospects?	1	2	3	4	5
p) Support you in providing the highest possible quality of service to patients / service users?	1	2	3	4	5
q) Help you deal with problems you encounter outside work?	1	2	3	4	5
r) Provide you with training that is relevant to your job?	1	2	3	4	5
s) Ensure fair treatment by managers and supervisors?	1	2	3	4	5
t) Do everything possible to enable you to treat patients / service users safely?	1	2	3	4	5

### PART E: GETTING USED TO YOUR NEW POST

To answer the following questions, please think about the sources of information that have been useful to you since you started working at [the hospital]. If this is your very first day you may have difficulty answering the questions in section E, but please complete them if you can.

12. In order to determine <u>how to perform specific aspects of your job</u> , have you...	No	Yes, but this was not all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	0	1	2	3	4
b) Asked a colleague?	0	1	2	3	4
c) Looked up information from written records or on the intranet?	0	1	2	3	4
d) Observed other people or the situation around you?	0	1	2	3	4
e) Used information provided by a formal mentor?	0	1	2	3	4
f) Used information provided during induction, training or other efforts made by [the hospital]?	0	1	2	3	4
g) Used your experience from previous jobs?	0	1	2	3	4

13. In order to determine <u>the rules, goals and values of your new team</u> , have you...	No	Yes, but this was not all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	0	1	2	3	4
b) Asked a colleague?	0	1	2	3	4
c) Looked up information from written records or on the intranet?	0	1	2	3	4
d) Observed other people or the situation around you?	0	1	2	3	4
e) Used information provided by a formal mentor?	0	1	2	3	4
f) Used information provided during induction, training or other efforts made by [the hospital]?	0	1	2	3	4
g) Used your experience from previous jobs?	0	1	2	3	4

14. In order to determine <u>how to deliver high quality service to patients / service users</u> , have you...	No	Yes, but this was not all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	0	1	2	3	4
b) Asked a colleague?	0	1	2	3	4
c) Looked up information from written records or on the intranet?	0	1	2	3	4
d) Observed other people or the situation around you?	0	1	2	3	4
e) Used information provided by a formal mentor?	0	1	2	3	4
f) Used information provided during induction, training or other efforts made by [the hospital]?	0	1	2	3	4
g) Used your experience from previous jobs?	0	1	2	3	4

15. In order to determine <u>the rules, goals and values of [the hospital] as a whole</u> , have you...	No	Yes, but this was not all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	0	1	2	3	4
b) Asked a colleague?	0	1	2	3	4
c) Looked up information from written records or on the intranet?	0	1	2	3	4
d) Observed other people or the situation around you?	0	1	2	3	4
e) Used information provided by a formal mentor?	0	1	2	3	4
f) Used information provided during induction, training or other efforts made by [the hospital]?	0	1	2	3	4
g) Used your experience from previous jobs?	0	1	2	3	4

16. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I understand which job tasks and responsibilities have priority	1	2	3	4	5
b) I know the responsibilities, tasks and projects for which I was hired	1	2	3	4	5
c) I understand how to perform the tasks that make up my job	1	2	3	4	5
d) I know what constitutes acceptable job performance	1	2	3	4	5

Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
e) I know my own role within my team	1	2	3	4	5
f) I understand how to behave in a manner consistent with my team's values and ideals	1	2	3	4	5
g) I understand the relationship between my team and other teams	1	2	3	4	5
h) I understand the expertise each member brings to my team	1	2	3	4	5
Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
i) I understand [the hospital's] objectives and goals	1	2	3	4	5
j) I understand how my job contributes to [the hospital] as a whole	1	2	3	4	5
k) I understand what is meant when people refer to other areas / departments at [the hospital]	1	2	3	4	5
l) I understand how to act to fit in with [the hospital's] values	1	2	3	4	5

#### PART F: YOUR EXPERIENCES AT WORK

If this is your very first day you may have difficulty answering the questions in section F, but please complete them if you can.

17. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I feel like part of the family at [the hospital]	1	2	3	4	5
b) I feel emotionally attached to [the hospital]	1	2	3	4	5
c) [the hospital] has a great deal of personal meaning for me	1	2	3	4	5
d) I feel a strong sense of belonging to [the hospital]	1	2	3	4	5

18. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I worry a lot about my work outside of working hours	1	2	3	4	5
b) My job is very stressful	1	2	3	4	5
c) I often feel under excessive stress at work	1	2	3	4	5



19. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:		Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I often make suggestions about how to improve the quality of service provided by my department	1	2	3	4	5
b)	I put a lot of effort into my job to try to satisfy patients / service users	1	2	3	4	5
c)	I am always working to improve the quality of service I give to patients / service users	1	2	3	4	5
d)	No matter how I feel, I always put myself out for patients / service users	1	2	3	4	5
e)	Providing high service quality and safe treatment to patients / service users is my top priority	1	2	3	4	5
f)	I have specific ideas about how to improve the quality of service I give to patients / service users	1	2	3	4	5

20. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:		Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I am able to deliver the quality of service I aspire to	1	2	3	4	5
b)	I am satisfied with the quality of service I provide to patients / service users	1	2	3	4	5
c)	I am able to do my job to a standard that I am personally pleased with	1	2	3	4	5

21. Please state to what extent you agree with the following statements, bearing in mind that you are new to [the hospital]:		Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I imply to patients that something is beyond my control (when it is not)	1	2	3	4	5
b)	I try to get patients to discuss their needs with me	1	2	3	4	5
c)	I try to achieve my goals by satisfying patients	1	2	3	4	5
d)	I paint too rosy a picture of [the hospital's] services to make them sound as good as possible	1	2	3	4	5
e)	I offer the service that is best suited to the patient's needs	1	2	3	4	5
f)	I try to find out which of [the hospital's] services would be most helpful to a patient	1	2	3	4	5
g)	I pretend to agree with patients to please them	1	2	3	4	5
h)	I try to give patients an accurate expectation of what [the hospital's] services can do for them	1	2	3	4	5
i)	Good staff have the patient's best interests in mind	1	2	3	4	5

**PART G: BACKGROUND INFORMATION**

22. Are you....

- ☐ Male<sub>1</sub>
- ☐ Female<sub>2</sub>

23. What is your age in years?

..... Years

24. What is your highest educational qualification?

- ☐ Doctorate<sub>1</sub>
- ☐ Masters degree or other post-graduate qualification<sub>2</sub>
- ☐ Degree<sub>3</sub>
- ☐ NVQ Level 4/5, HND, HNC, Diploma in HE<sub>4</sub>
- ☐ A-Levels, GNVQ Advanced, NVQ Level 3, modern apprenticeship, or equivalent<sub>5</sub>
- ☐ GCSE's, O-Levels, GNVQ Foundation/Intermediate, NVQ Level 1/2, or equivalent<sub>6</sub>
- ☐ No formal qualifications<sub>7</sub>
- ☐ Other<sub>8</sub> (please specify) .....

25. What is your ethnic background?

White

- ☐ British<sub>1</sub>
- ☐ Irish<sub>2</sub>
- ☐ Any other White background<sub>3</sub>

Mixed

- ☐ White and Black Caribbean<sub>4</sub>
- ☐ White and Black African<sub>5</sub>
- ☐ White and Asian<sub>6</sub>
- ☐ Any other mixed background<sub>7</sub>

Asian/Asian British

- ☐ Indian<sub>8</sub>
- ☐ Pakistani<sub>9</sub>
- ☐ Bangladeshi<sub>10</sub>
- ☐ Any other Asian background<sub>11</sub>

Black/Black British

- ☐ Caribbean<sub>12</sub>
- ☐ African<sub>13</sub>
- ☐ Any other Black background<sub>14</sub>

Chinese or other ethnic background

- ☐ Chinese<sub>15</sub>
- ☐ Any other ethnic background<sub>16</sub> (please specify) .....

26. We would like to contact some staff with another short survey in a few months. You can give us details for the method which you would most like us to use to contact you below. Please write in BLOCK CAPITALS.

Any details you give will be kept in complete confidence. You will never be referred to by name in any future reporting of results, and we will not share your details with anyone.

Name:

Email Address:

Address:

Postcode:

Telephone number:

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

PLEASE PLACE THE QUESTIONNAIRE IN THE SUPPLIED ENVELOPE AND HAND IT BACK TO THE FACILITATORS

## Month three survey

### ***THE EXPERIENCES OF NEW MEMBERS OF STAFF AT [THE HOSPITAL]***

Any information you give will remain strictly confidential and you will never be referred to by name in any future reporting of results. Information will be stored securely and accessed only by members of the research team. The research is being conducted by researchers from King's College London ([www.kingspssq.org.uk](http://www.kingspssq.org.uk)).

Whilst we hope that you take part, it is up to you to decide if you want to. If you do want to, we may contact you later on with a further questionnaire to fill out. We may also check whether you are still in your post with Human Resources. The Human Resources Department at [the hospital] will also collect information from you on other aspects of your working life, but this is not related to the information that we are collecting in this research. You are free to withdraw at any time without giving a reason. When we finish the research, we will produce a report for [the hospital], and we will put a summary of the findings on our website ([www.kingspssq.org.uk](http://www.kingspssq.org.uk)).

#### **Instructions:**

For each question, please tick or circle one answer as illustrated in the example below.

You may be asked questions that are similar to ones you have already answered. This is intentional. There are no right or wrong answers. We are interested in your honest thoughts and opinions.

When you have completed the questionnaire, please return it using the enclosed envelope.

#### **Example:**

2. To what extent do you agree with the following statement?	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I am happy with my job	1	2	3	4	5

***The questionnaire begins on the following page***

**PART A: ATTITUDES TOWARDS YOUR JOB AND PERFORMANCE**

1. Relative to your colleagues, how would you rate yourself on the following?	Well below average	Below average	average	Above average	well above average
a) Ability to get along with others	1	2	3	4	5
b) Quality of service provided to patients and others who you come into contact with	1	2	3	4	5
c) Ability to get the job done efficiently	1	2	3	4	5
d) Achievement of work goals	1	2	3	4	5
e) Overall performance	1	2	3	4	5
2. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I understand which job tasks and responsibilities have priority	1	2	3	4	5
b) I know the responsibilities, tasks and projects for which I was hired	1	2	3	4	5
c) I understand how to perform the tasks that make up my job	1	2	3	4	5
d) I know what constitutes acceptable job performance	1	2	3	4	5
e) I know my own role within my team	1	2	3	4	5
f) I understand how to behave in a manner consistent with my team's values and ideals	1	2	3	4	5
g) I understand the relationship between my team and other teams	1	2	3	4	5
h) I understand the expertise each member brings to my team	1	2	3	4	5
i) I understand [the hospital's] objectives and goals	1	2	3	4	5
j) I understand how my job contributes to [the hospital] as a whole	1	2	3	4	5
k) I understand what is meant when people refer to other areas / departments at [the hospital]	1	2	3	4	5
l) I understand how to act to fit in with [the hospitals] values	1	2	3	4	5
3. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I am able to deliver the quality of service I aspire to	1	2	3	4	5
b) I am satisfied with the quality of service I provide to patients / service users	1	2	3	4	5
c) I am able to do my job to a standard that I am personally pleased with	1	2	3	4	5
d) Things get in the way and prevent me from providing the quality of service I would like to	1	2	3	4	5
e) I still have a lot to learn before I can provide the quality of service I aspire to	1	2	3	4	5

4. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I imply to patients that something is beyond my control (when it is not)	1	2	3	4	5
b) I try to get patients to discuss their needs with me	1	2	3	4	5
c) I try to achieve my goals by satisfying patients	1	2	3	4	5
d) I paint too rosy a picture of [the hospital's] services to make them sound as good as possible	1	2	3	4	5
e) I offer the service that is best suited to the patient's needs	1	2	3	4	5
f) I try to find out which of [the hospital's] services would be most helpful to a patient	1	2	3	4	5
g) I pretend to agree with patients to please them	1	2	3	4	5
h) I try to give patients an accurate expectation of what [the hospital's] services can do for them	1	2	3	4	5
i) Good staff have the patient's best interests in mind	1	2	3	4	5
5. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) Overall, I enjoy my current work	1	2	3	4	5
b) All in all, I am satisfied with my current job	1	2	3	4	5
c) In general, I like working here	1	2	3	4	5
d) In general, I don't like my current job	1	2	3	4	5
6. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) My team is always looking to achieve the highest standards of quality	1	2	3	4	5
b) Quality is taken very seriously in my team	1	2	3	4	5
c) My team does not have much of a reputation for high quality	1	2	3	4	5
d) People believe my team's success depends on high quality work	1	2	3	4	5



**PART B: GETTING USED TO YOUR NEW POST**

7. In order to determine <u>the rules, goals and values of your new team</u> , have you...	No	Yes, but this was not at all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	1	2	3	4	5
b) Asked a colleague?	1	2	3	4	5
c) Looked up information from written records or on the intranet?	1	2	3	4	5
d) Observed other people or the situation around you?	1	2	3	4	5
e) Used information provided by a formal mentor?	1	2	3	4	5
f) Used information provided during induction, training or other efforts made by [the hospital]?	1	2	3	4	5
g) Used your experience from previous jobs?	1	2	3	4	5
8. In order to determine <u>how to perform specific aspects of your job</u> , have you...	No	Yes, but this was not at all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	1	2	3	4	5
b) Asked a colleague?	1	2	3	4	5
c) Looked up information from written records or on the intranet?	1	2	3	4	5
d) Observed other people or the situation around you?	1	2	3	4	5
e) Used information provided by a formal mentor?	1	2	3	4	5
f) Used information provided during induction, training or other efforts made by [the hospital]?	1	2	3	4	5
g) Used your experience from previous jobs?	1	2	3	4	5
9. In order to determine <u>how to deliver high quality service to patients / service users</u> , have you...	No	Yes, but this was not at all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	1	2	3	4	5
b) Asked a colleague?	1	2	3	4	5
c) Looked up information from written records or on the intranet?	1	2	3	4	5
d) Observed other people or the situation around you?	1	2	3	4	5
e) Used information provided by a formal mentor?	1	2	3	4	5
f) Used information provided during induction, training or other efforts made by [the hospital]?	1	2	3	4	5
g) Used your experience from previous jobs?	1	2	3	4	5

10. In order to determine the rules, goals and values of [the hospital] as a whole, have you...	No	Yes, but this was not at all useful	Yes, but this was not very useful	Yes, and this was quite useful	Yes, and this was very useful
a) Asked your direct supervisor?	1	2	3	4	5
b) Asked a colleague?	1	2	3	4	5
c) Looked up information from written records or on the intranet?	1	2	3	4	5
d) Observed other people or the situation around you?	1	2	3	4	5
e) Used information provided by a formal mentor?	1	2	3	4	5
f) Used information provided during induction, training or other efforts made by [the hospital]?	1	2	3	4	5
g) Used your experience from previous jobs?	1	2	3	4	5

### PART C. YOUR ATTITUDES TOWARDS [THE HOSPITAL]

11. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) At the moment, I would like to stay with [the hospital] for	1	2	3	4	5
b) These days, I often feel like leaving [the hospital]	1	2	3	4	5
c) If I could, I would leave [the hospital] today	1	2	3	4	5
12. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I worry a lot about my work outside of working hours	1	2	3	4	5
b) My job is very stressful	1	2	3	4	5
c) I often feel under excessive stress at work	1	2	3	4	5
13. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I feel like part of the family at [the hospital]	1	2	3	4	5
b) I feel emotionally attached to [the hospital]	1	2	3	4	5
c) [the hospital] has a great deal of personal meaning for me	1	2	3	4	5
d) I feel a strong sense of belonging to [the hospital]	1	2	3	4	5

14. In the past few weeks, how often have you felt each of the following about your work?	Rarely or never	Not often	Sometimes	Rather often	Very often or always
a) Tense	1	2	3	4	5
b) Calm	1	2	3	4	5
c) Enthusiastic	1	2	3	4	5
d) Content	1	2	3	4	5
e) Gloomy	1	2	3	4	5
f) Optimistic	1	2	3	4	5
15. Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I feel attached to [the hospital]	1	2	3	4	5
b) It would be difficult for me to leave [the hospital]	1	2	3	4	5
c) I'm too caught up in [the hospital] to leave	1	2	3	4	5
d) I feel tied to [the hospital]	1	2	3	4	5
e) I simply could not leave [the hospital]	1	2	3	4	5
f) It would be easy for me to leave [the hospital]	1	2	3	4	5

#### PART D: YOUR OBLIGATIONS TO [THE HOSPITAL]

16. The following list consists of some promises and commitments that people sometimes make to their organisation.						
For each, please consider <u>whether you made such a promise to [the hospital], either formally or informally, and the extent to which you have kept that promise</u>						
Have you promised or committed yourself to...	No, promise not made	Yes, but not kept promise at all	Yes, but kept promise a little	Yes, half-kept promise	Yes, largely kept promise	Yes, fully kept promise
a) Work all the hours that you possibly can?	0	1	2	3	4	5
b) Be polite to patients / service users, even if they are being rude and unpleasant to you?	0	1	2	3	4	5
c) Go to work even if you don't feel particularly well?	0	1	2	3	4	5
d) Treat patients and service users with respect?	0	1	2	3	4	5
e) Come to work on time?	0	1	2	3	4	5
f) Uphold [the hospital's] values?	0	1	2	3	4	5
g) Remain a [hospital] employee for the rest of your career?	0	1	2	3	4	5
h) Meet the performance requirements of your job?	0	1	2	3	4	5
i) Work overtime or extra hours when required?	0	1	2	3	4	5
j) Put the needs of patients / service users first?	0	1	2	3	4	5
k) Adhere to [the hospital's] behaviour standards?	0	1	2	3	4	5
l) Treat all patients equally?	0	1	2	3	4	5

Have you promised or committed yourself to...	No, promise not made	Yes, but not kept promise at all	Yes, but kept promise a little	Yes, half-kept promise	Yes, largely kept promise	Yes, fully kept promise
m) Provide safe and high quality care to patients / service users?	0	1	2	3	4	5
n) Show loyalty to [the hospital]?	0	1	2	3	4	5
o) Protect [the hospital's] image?	0	1	2	3	4	5
p) Volunteer to do tasks outside your job description?	0	1	2	3	4	5
q) Assist others with their work?	0	1	2	3	4	5
r) Communicate effectively with patients / service users?	0	1	2	3	4	5
s) Develop your skills to be able to perform well in your job?	0	1	2	3	4	5
t) Treat all of your colleagues equally?	0	1	2	3	4	5
u) Be a good team player?	0	1	2	3	4	5

## PART E: [THE HOSPITAL'S] OBLIGATIONS TO YOU

17. Next is a list of some promises and commitments which organisations sometimes make to their employees.

For each, please consider whether such a promise has been made by [the hospital], either formally or informally, and the extent to which [the hospital] has kept that promise.

Has [the hospital] promised or committed itself to ...	No	Yes, but not kept promise at all	Yes, but kept promise a little	Yes, half-kept promise	Yes, largely kept promise	Yes, fully kept promise
a) Provide you with interesting work?	0	1	2	3	4	5
b) Provide an environment free from bullying, violence and harassment?	0	1	2	3	4	5
c) Provide you with a job for life?	0	1	2	3	4	5
d) Provide you with good pay for the work you do?	0	1	2	3	4	5
e) Provide you with a job that is challenging?	0	1	2	3	4	5
f) Allow you to participate in decision-making?	0	1	2	3	4	5
g) Provide you with a safe working environment?	0	1	2	3	4	5
h) Provide a good working atmosphere?	0	1	2	3	4	5
i) Turn a blind eye if you are late for work?	0	1	2	3	4	5
j) Be flexible in matching the demands outside of work with your job?	0	1	2	3	4	5
k) Provide possibilities to work together in a pleasant way?	0	1	2	3	4	5
l) Provide you with opportunities to advance and grow?	0	1	2	3	4	5
m) Provide you with a career?	0	1	2	3	4	5
n) Provide you with a reasonably secure job?	0	1	2	3	4	5
o) Improve your future employment prospects?	0	1	2	3	4	5

Has [the hospital] promised or committed itself to ...	No	Yes, but not kept promise at all	Yes, but kept promise a little	Yes, half kept promise	Yes, largely kept promise	Yes, fully kept promise
p) Support you in providing the highest possible quality of service to patients / service users?	0	1	2	3	4	5
q) Help you deal with problems you encounter outside work?	0	1	2	3	4	5
r) Provide you with training that is relevant to your job?	0	1	2	3	4	5
s) Ensure fair treatment by managers and supervisors?	0	1	2	3	4	5
t) Do everything possible to enable you to treat patients / service users safely?	0	1	2	3	4	5
18. Please think overall about how far [the hospital] has / has not kept its promises and commitments. In relation to this, to what extent do you agree with the following statements? I feel...	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree	
a) Happy	1	2	3	4	5	
b) Angry	1	2	3	4	5	
c) Pleased	1	2	3	4	5	
d) Violated	1	2	3	4	5	
e) Disappointed	1	2	3	4	5	
f) Grateful	1	2	3	4	5	

**This is the end of the questionnaire. Thank you for taking the time to complete it. Please return it through the internal post using the enclosed envelope.**

If you have any queries then feel free to contact a member of the research team:

- Professor David Guest (david.guest@kcl.ac.uk) or
- Mr Chris Woodrow (christopher.a.woodrow@kcl.ac.uk or 0207 848 7159)

## Month twelve survey

### ***THE EXPERIENCES OF NEW MEMBERS OF STAFF AT [THE HOSPITAL] - ONE YEAR FOLLOW-UP***

Any information you give will remain strictly confidential and you will never be referred to by name in any future reporting of results. Information will be stored securely and accessed only by members of the research team. The research is being conducted by researchers from King's College London.

Whilst we hope that you take part, it is up to you to decide if you want to. The Human Resources Department at [the hospital] will also collect information from you on other aspects of your working life, but this is not related to the information that we are collecting in this research. You are free to withdraw at any time without giving a reason. When we finish the research, we will produce a report for KCH, and we will put a summary of the findings on our website ([www.kingspssq.org.uk](http://www.kingspssq.org.uk)).

#### **Instructions:**

For each question, please tick or circle one answer as illustrated in the example below.

You may be asked questions that are similar to ones you have already answered. This is intentional. There are no right or wrong answers. We are interested in your honest thoughts and opinions.

When you have completed the questionnaire, please return it using the enclosed envelope.

#### **Example:**

2. To what extent do you agree with the following statement?	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a) I am happy with my job	1	2	3	4	5

**THE QUESTIONNAIRE BEGINS ON THE FOLLOWING PAGE**



### PART A: YOUR JOB AND PERFORMANCE

1	Relative to your colleagues, how would you rate yourself on the following?	Well below average	Below average	Average	Above average	Well above average
a)	Ability to get along with others	1	2	3	4	5
b)	Quality of service provided to patients and others who you come into contact with	1	2	3	4	5
c)	Ability to get the job done efficiently	1	2	3	4	5
d)	Achievement of work goals	1	2	3	4	5
e)	Overall performance	1	2	3	4	5

2	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I understand which job tasks and responsibilities have priority	1	2	3	4	5
b)	I know the responsibilities, tasks and projects for which I was hired	1	2	3	4	5
c)	I understand how to perform the tasks that make up my job	1	2	3	4	5
d)	I know what constitutes acceptable job performance	1	2	3	4	5
e)	I know my own role within my team	1	2	3	4	5
f)	I understand how to behave in a manner consistent with my team's values and ideals	1	2	3	4	5
g)	I understand the relationship between my team and other teams	1	2	3	4	5
h)	I understand the expertise each member brings to my team	1	2	3	4	5
i)	I understand [the hospital's] objectives and goals	1	2	3	4	5
j)	I understand how my job contributes to [the hospital] as a whole	1	2	3	4	5
k)	I understand what is meant when people refer to other areas / departments at [the hospital]	1	2	3	4	5
l)	I understand how to act to fit in with [the hospital's] values	1	2	3	4	5

3	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I am able to deliver the quality of service I aspire to	1	2	3	4	5
b)	Things get in the way and prevent me from providing the quality of service I would like to	1	2	3	4	5
c)	I am able to do my job to a standard that I am personally pleased with	1	2	3	4	5
d)	I am satisfied with the quality of service I provide to patients / service users	1	2	3	4	5
e)	I still have a lot to learn before I can provide the quality of service I aspire to	1	2	3	4	5

4	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I imply to patients that something is beyond my control (when it is not)	1	2	3	4	5
b)	I try to get patients to discuss their needs with me	1	2	3	4	5
c)	I try to achieve my goals by satisfying patients	1	2	3	4	5
d)	I paint too rosy a picture of [the hospital's] services to make them sound as good as possible	1	2	3	4	5
e)	I offer the service that is best suited to the patient's needs	1	2	3	4	5
f)	I try to find out which of [the hospital's] services would be most helpful to a patient	1	2	3	4	5
g)	I pretend to agree with patients to please them	1	2	3	4	5
h)	I try to give patients an accurate expectation of what [the hospital's] services can do for them	1	2	3	4	5
i)	Good staff have the patient's best interests in mind	1	2	3	4	5

5	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	My team is always looking to achieve the highest standards of quality	1	2	3	4	5
b)	Quality is taken very seriously in my team	1	2	3	4	5
c)	My team does not have much of a reputation for high quality	1	2	3	4	5
d)	People believe my team's success depends on high quality work	1	2	3	4	5
e)	Overall, I enjoy my current work	1	2	3	4	5
f)	All in all, I am satisfied with my current job	1	2	3	4	5
g)	In general, I like working here	1	2	3	4	5
h)	In general, I don't like my current job	1	2	3	4	5

## PART B: YOUR ATTITUDES AND EXPERIENCES

6	In the past few weeks, how often have you felt each of the following about your work?	Rarely or never	Not often	Sometimes	Rather often	Very often or always
a)	Tense	1	2	3	4	5
b)	Calm	1	2	3	4	5
c)	Enthusiastic	1	2	3	4	5
d)	Content	1	2	3	4	5
e)	Gloomy	1	2	3	4	5
f)	Optimistic	1	2	3	4	5



7	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	At the moment, I would like to stay with [the hospital] for	1	2	3	4	5
b)	These days, I often feel like leaving [the hospital]	1	2	3	4	5
c)	If I could, I would leave [the hospital] today	1	2	3	4	5
d)	I worry a lot about my work outside of working hours	1	2	3	4	5
e)	My job is very stressful	1	2	3	4	5
f)	I often feel under excessive stress at work	1	2	3	4	5
g)	I feel like part of the family at [the hospital]	1	2	3	4	5
h)	I feel emotionally attached to [the hospital]	1	2	3	4	5
i)	[The hospital] has a great deal of personal meaning for me	1	2	3	4	5
j)	I feel a strong sense of belonging to [the hospital]	1	2	3	4	5

8	Please state to what extent you agree with the following statements:	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	I always expect the worst to happen	1	2	3	4	5
b)	I am hopeful and optimistic about the future	1	2	3	4	5
c)	Everyday seems exciting, new and different	1	2	3	4	5
d)	Things rarely work out the way I want them to	1	2	3	4	5
e)	I feel attached to [the hospital]	1	2	3	4	5
f)	It would be difficult for me to leave [the hospital]	1	2	3	4	5
g)	I'm too caught up in [the hospital] to leave	1	2	3	4	5
h)	I feel tied to [the hospital]	1	2	3	4	5
i)	I simply could not leave [the hospital]	1	2	3	4	5
j)	It would be easy for me to leave [the hospital]	1	2	3	4	5
k)	My supervisor is helpful in getting my job done	1	2	3	4	5
l)	My supervisor pays attention to what I am saying.	1	2	3	4	5
m)	My supervisor is concerned about the welfare of those under him/her	1	2	3	4	5
n)	I feel appreciated by my supervisor.	1	2	3	4	5

**PART C: YOUR OBLIGATIONS TO [THE HOSPITAL]**

9 The following list consists of some promises and commitments that people sometimes make to their organisation. For each, please consider <u>whether you made such a promise to [the hospital], either formally or informally, and the extent to which you have kept that promise.</u>							
Have you promised or committed yourself to...		No, promise not made	Yes, but not kept promise at all	Yes, but kept promise a little	Yes, half-kept promise	Yes, largely kept promise	Yes, fully kept promise
a)	Work all the hours that you possibly can?	0	1	2	3	4	5
b)	Be polite to patients / service users, even if they are being rude and unpleasant to you?	0	1	2	3	4	5
c)	Go to work even if you don't feel particularly well?	0	1	2	3	4	5
d)	Treat patients and service users with respect?	0	1	2	3	4	5
e)	Come to work on time?	0	1	2	3	4	5
f)	Uphold [the hospital's] values?	0	1	2	3	4	5
g)	Remain a [hospital] employee for the rest of your career?	0	1	2	3	4	5
h)	Meet the performance requirements of your job?	0	1	2	3	4	5
i)	Work overtime or extra hours when required?	0	1	2	3	4	5
j)	Put the needs of patients / service users first?	0	1	2	3	4	5
k)	Adhere to [the hospital's] behaviour standards?	0	1	2	3	4	5
l)	Treat all patients equally?	0	1	2	3	4	5
m)	Provide safe and high quality care to patients / service users?	0	1	2	3	4	5
n)	Show loyalty to [the hospital]?	0	1	2	3	4	5
o)	Protect [the hospital's] image?	0	1	2	3	4	5
p)	Volunteer to do tasks outside your job description?	0	1	2	3	4	5
q)	Assist others with their work?	0	1	2	3	4	5
r)	Communicate effectively with patients / service users?	0	1	2	3	4	5
s)	Develop your skills to be able to perform well in your job?	0	1	2	3	4	5
t)	Treat all of your colleagues equally?	0	1	2	3	4	5
u)	Be a good team player?	0	1	2	3	4	5

**PART D: [THE HOSPITAL'S] OBLIGATIONS TO YOU**

10		Next is a list of some promises and commitments which organisations sometimes make to their employees. For each, please consider <u>whether such a promise has been made by [the hospital], either formally or informally, and the extent to which [the hospital] has kept that promise.</u>					
Has [the hospital] promised or committed itself to ...		No	Yes, but not kept promise at all	Yes, kept promise a little	Yes, half-kept promise	Yes, largely kept promise	Yes, fully kept promise
a)	Provide you with interesting work?	0	1	2	3	4	5
b)	Provide an environment free from bullying, violence and harassment?	0	1	2	3	4	5
c)	Provide you with a job for life?	0	1	2	3	4	5
d)	Provide you with good pay for the work you do?	0	1	2	3	4	5
e)	Provide you with a job that is challenging?	0	1	2	3	4	5
f)	Allow you to participate in decision-making?	0	1	2	3	4	5
g)	Provide you with a safe working environment?	0	1	2	3	4	5
h)	Provide a good working atmosphere?	0	1	2	3	4	5
i)	Turn a blind eye if you are late for work?	0	1	2	3	4	5
j)	Be flexible in matching the demands outside of work with your job?	0	1	2	3	4	5
k)	Provide possibilities to work together in a pleasant way?	0	1	2	3	4	5
l)	Provide you with opportunities to advance and grow?	0	1	2	3	4	5
m)	Provide you with a career?	0	1	2	3	4	5
n)	Provide you with a reasonably secure job?	0	1	2	3	4	5
o)	Improve your future employment prospects?	0	1	2	3	4	5
p)	Support you in providing the highest possible quality of service to patients / service users?	0	1	2	3	4	5
q)	Help you deal with problems you encounter outside work?	0	1	2	3	4	5
r)	Provide you with training that is relevant to your job?	0	1	2	3	4	5
s)	Ensure fair treatment by managers and supervisors?	0	1	2	3	4	5
t)	Do everything possible to enable you to treat patients / service users safely?	0	1	2	3	4	5

11	Please think overall about how far [the hospital] has / has not kept its promises and commitments. In relation to this, to what extent do you agree with the following statements?	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
	I feel...					
a)	Happy	1	2	3	4	5
b)	Angry	1	2	3	4	5
c)	Pleased	1	2	3	4	5
d)	Violated	1	2	3	4	5
e)	Disappointed	1	2	3	4	5
f)	Grateful	1	2	3	4	5

12	Please think about <u>your last job</u> before joining [the hospital].	Strongly disagree	Somewhat disagree	Partly agree partly disagree	Somewhat agree	Strongly agree
a)	Whenever my last employer promised me something, they kept that promise	1	2	3	4	5
b)	My last employer always fulfilled their obligations to me	1	2	3	4	5
c)	In general, my last employer lived up to the promises that they made to me	1	2	3	4	5
d)	My last employer broke their promises to me on more than one occasion	1	2	3	4	5

#### PART E: OTHER INFORMATION

13	Had you ever worked in the NHS before joining [the hospital] College Hospital?	No, Never	Yes, for less than one year	Yes, For 1-2 years	Yes, for 2-5 years	Yes, for 5-10 years	Yes, for 10 years or more
		0	1	2	3	4	5

14	How many days have you been absent from work due to your state of health over the <u>last 12 months</u> ?	No days absent	1-4 days	5-8 days	8-11 days	12-15 days	15 days or more
		0	1	2	3	4	5

15	Please tick one box per question:	No	Yes
a)	Have you had a formal appraisal or development review in the previous 12 months at KCH?	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b)	Have you been assigned a formal mentor in the previous 12 months at KCH?	<input type="checkbox"/> 0	<input type="checkbox"/> 1

Please turn over for the final question

16	<p>"Bullying" occurs when one or more people feel that they have been subjected to negative treatment by one or more others. To be labelled bullying, the negative treatment has to occur repeatedly over a period of time, and the person confronted has to experience difficulties defending themselves.</p> <p><u>The behaviour is not bullying if two parties of approximately equal "strength" are in conflict, or if the incident is an isolated event.</u></p>					
a)	According to this definition, have you been subjected to bullying at KCH in the last 12 months?	No	Yes, rarely	Yes, sometimes	Yes, about once a week	Yes, many times a week
		0	1	2	3	4
b)	If you have been subjected to bullying, how long did this last?	Not applicable to me	Less than 3 months	3-6 months	6-9 months	More than 9 months
		0	1	2	3	4

**This is the end of the questionnaire. Thank you for taking the time to complete it.**

**Please return it through the internal post using the enclosed envelope.**

Alternatively, you may post the questionnaire to: Chris Woodrow, King's College London, room GL08 Strand Bridge House, 138-142 Strand, London, WC2R1HH. If you have any queries then feel free to contact a member of the research team: Professor David Guest (david.guest@kcl.ac.uk) or Chris Woodrow (christopher.a.woodrow@kcl.ac.uk or 0207 848 7159).

## Appendix 3

### Factor analysis and scale distributions

#### Psychological contract and socializing influence variables

##### Factor structure and reliability of violation scale

Item	PCA factor loading	
	Round 2	Round 3
Happy (R)	0.86	0.86
Angry	-0.80	-0.74
Pleased (R)	0.87	0.82
Violated	-0.70	-0.52
Disappointed	-0.83	-0.86
Grateful (R)	0.68	0.46
Variance accounted for	62.7%	52.8%
Alpha reliability for 6 items scale	0.87	0.80

##### Distribution of violation scale

Item	Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5
Happy (R)	39.4	40.6	13.8	3.8	2.5	24.0	51.0	19.8	4.2	1.0
Angry	65.6	17.8	7.0	8.3	1.3	55.8	23.2	14.7	5.3	1.1
Pleased (R)	36.7	39.2	17.7	3.8	2.5	18.8	58.3	14.6	6.3	2.1
Violated	80.3	9.6	7.0	1.3	1.9	77.9	10.5	9.5	2.1	0.0
Disappointed	56.1	16.6	10.2	10.8	6.4	48.4	17.2	14.0	18.3	2.2
Grateful (R)	39.9	26.6	21.5	7.0	5.1	26.0	34.4	25.0	10.4	4.2
Round two scale statistics					Round three scale statistics					
N		162			N		96			
Mean		1.82			Mean		1.95			
SD		0.82			SD		0.69			

Factor structure and reliability of inquiry and organizational efforts scales

Item	PCA factor loadings			
	Round one		Round two	
	Factor 1	Factor 2	Factor 1	Factor 2
1a) Job - Asked supervisor? (I)	0.73		0.64	
1b) Job - Asked colleague? (I)	0.71		0.45	
1e) Job - Organizational efforts? (O)		0.85		0.84
2a) Team - asked supervisor? (I)	0.85		0.78	
2b) Team - Asked colleague? (I)	0.84		0.70	
2e) Team – Organizational efforts? (O)		0.89		0.90
3a) Organisation - asked supervisor? (I)	0.75		0.68	
3b) Organisation - Asked colleague? (I)	0.74		0.64	
3e) Organisation - Organizational efforts? (O)		0.83		0.81
Variance accounted for	40.70%	26.37%	28.87%	27.94%
Alpha reliability	0.87	0.87	0.76	0.84

Loadings < 0.5 are not shown

I = Inquiry; O = Organizational efforts

### Distribution of inquiry scale

Item	Round one %					Round two %				
	1	2	3	4	5	1	2	3	4	5
1a) Job - Asked supervisor? (E)	13.5	0.7	3.4	34.4	48.1	5.0	0.0	5.6	41.9	47.5
1b) Job - Asked colleague? (E)	9.4	0.4	2.2	35.1	52.8	0.6	0.6	4.3	41.4	53.1
2a) Team - asked supervisor? (E)	18.9	1.1	3.0	33.1	43.8	9.9	0.6	5.6	55.6	28.4
2b) Team - Asked colleague? (E)	14.9	1.1	2.9	39.4	41.6	6.8	0.6	4.9	54.9	32.7
3a) Organisation - asked supervisor? (E)	28.6	0.2	3.3	30.3	37.5	28.0	1.9	3.7	46.6	19.9
3b) Organisation - Asked colleague? (E)	24.2	0.2	2.4	39.2	34.0	26.1	1.2	5.6	45.3	21.7
Round two scale statistics						Round three scale statistics				
N		459				N		162		
Mean		3.85				Mean		3.89		
SD		1.13				SD		0.79		

### Distribution of organizational efforts scale

Item	Round one %					Round two %				
	1	2	3	4	5	1	2	3	4	5
Job - Organizational efforts? (O)	14.7	1.8	5.9	43.8	33.8	11.9	4.4	10.7	45.3	27.7
Team – Organizational efforts? (O)	14.6	2.3	5.8	42.8	34.5	7.5	3.7	12.4	51.6	24.8
Organisation - Organizational efforts? (O)	11.3	0.9	4.2	43.6	39.9	6.2	1.2	6.2	52.2	34.2
Round two scale statistics						Round three scale statistics				
N		455				N		162		
Mean		3.86				Mean		3.87		
SD		1.16				Scale SD		0.97		



### Factor structure and reliability of pre-entry interaction scale

Item	PCA factor loading
During the recruitment process, I talked in depth with people at [my organization]	0.83
When being recruited by [my organization], I met with many different people	0.89
I had considerable interaction with people at [my organization] when I was recruited	0.84
I met with only a few people from [my organization] prior to taking the job	-0.50
Variance accounted for	60.64%
Alpha reliability for four items	0.77

Loadings < 0.5 are not shown

### Distribution of pre-entry interaction scale

Item	Round one %				
	1	2	3	4	5
During the recruitment process, I talked in depth with people at [my organization]	7.5	14.3	26.1	37.4	14.7
When being recruited by [my organization], I met with many different people	8.5	21.2	15.5	34.6	20.2
I had considerable interaction with people at [my organization] when I was recruited	6.8	15.6	22.4	37.2	18.0
I met with only a few people from [my organization] prior to taking the job (R)	22.2	33.8	17.5	17.9	8.6
Round one scale statistics					
	N		457		
	Scale mean		3.17		
	scale SD		0.92		

Factor structure and reliability of socialization knowledge scale

Item	PCA Factor loadings								
	Round one			Round two			Round three		
	1	2	3	1	2	3	1	2	3
I understand which job tasks and responsibilities have priority (JOB)	0.72			0.76			0.76		
I know the responsibilities, tasks and projects for which I was hired (JOB)	0.78			0.69			0.85		
I understand how to perform the tasks that make up my job (JOB)	0.82			0.83			0.78		
I know what constitutes acceptable job performance (JOB)	0.86			0.69			0.83		
I understand the relationship between my team and other teams (TEAM)			0.80			0.67			0.86
I understand the expertise each member brings to my particular work group (TEAM)			0.80			0.83			0.78
I understand [my organization's] objectives and goals (ORG)		0.78			0.70			0.71	
I understand how my job contributes to [my organization] as a whole (ORG)		0.80			0.85			0.71	
I understand what is meant when people refer to other areas / departments at [my organization] (ORG)		0.58			0.67			0.50	
I understand how to act to fit in with [my organization's] values (ORG)		0.83			0.73			0.89	
Variance accounted for	28.55%	26.07%	19.03%	27.91%	25.01%	19.68%	30.26%	23.71%	19.08%
Alpha reliability for 10 item scale		0.86			0.90			0.89	

Loadings < 0.5 are not shown

Distribution of socialization knowledge scale

Item	Round one %					Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
I understand which job tasks and responsibilities have priority (JOB)	0.6	1.1	9.0	38.6	50.6	0.6	0.0	6.9	22.5	70.0	1.1	0.0	6.4	25.5	67.0
I know the responsibilities, tasks and projects for which I was hired (JOB)	0.9	1.5	7.1	32.1	58.5	0.0	1.3	4.4	35.6	58.8	0.0	0.0	7.4	28.7	63.8
I understand how to perform the tasks that make up my job (JOB)	1.1	2.4	12.7	39.7	44.2	0.0	0.6	10.5	34.0	54.9	0.0	0.0	8.5	33.0	58.5
I know what constitutes acceptable job performance (JOB)	0.4	1.7	6.9	31.4	59.6	0.0	1.2	5.6	34.8	58.4	0.0	0.0	3.2	30.1	66.7
I understand the relationship between my team and other teams (TEAM)	1.3	4.3	11.5	34.5	48.4	0.0	2.5	11.3	36.9	49.4	0.0	2.1	11.7	28.7	57.4
I understand the expertise each member brings to my particular work group (TEAM)	0.6	1.7	13.9	35.1	48.6	0.0	2.5	8.7	39.1	49.7	0.0	0.0	8.4	29.5	62.1
I understand [my organization's] objectives and goals (ORG)	0.8	1.1	9.7	41.6	46.8	0.0	1.9	8.6	40.1	49.4	0.0	0.0	10.6	34.0	55.3
I understand how my job contributes to [my organization's] as a whole (ORG)	0.6	0.6	5.7	34.0	59.0	0.0	1.3	5.0	35.0	58.8	0.0	0.0	4.3	33.0	62.8
I understand what is meant when people refer to other areas / departments at [my organization's] (ORG)	1.7	6.5	17.6	38.5	35.7	0.0	3.8	15.0	45.0	36.3	0.0	0.0	17.9	38.9	43.2
I understand how to act to fit in with [my organization's] values (ORG)	0.2	0.8	6.8	34.0	58.1	0.0	1.3	7.5	33.1	58.1	0.0	0.0	8.4	29.5	62.1
Round one scale statistics					Round two scale statistics					Round three scale statistics					
N			481			N			156			N			92
Mean			4.34			Mean			4.43			Mean			4.51
SD			0.57			SD			0.51			SD			0.46

## Employee outcome measures

### Factor structure and reliability of service quality focus scale

Item	Round 1	Round 2	Round 3
I try to get patients to discuss their needs with me	0.68	0.73	0.57
I try to achieve my goals by satisfying patients	0.77	0.71	0.62
I offer the service that is best suited to the patient's needs	0.82	0.77	0.58
I try to find out which of [my organization's] services would be most helpful to a patient	0.80	0.85	0.84
I try to give patients an accurate expectation of what [my organization's] services can do for them	0.81	0.67	0.45
Variance accounted for	60.51	55.65	38.94
Alpha reliability for 5 item scale	0.83	0.80	0.58

Loadings < 0.5 are not shown

Distribution of service quality focus scale

	Round one %						Round two %						Round three %				
Item	1	2	3	4	5		1	2	3	4	5		1	2	3	4	5
I try to get patients to discuss their needs with me	6.5	3.2	15.1	39.2	35.9		3.3	3.9	21.6	28.8	42.5		4.5	1.1	11.2	34.8	48.3
I try to achieve my goals by satisfying patients	1.3	1.9	10.2	35.1	51.5		1.3	0.0	14.1	31.4	53.2		0.0	0.0	11.1	43.3	45.6
I offer the service that is best suited to the patient's needs	1.3	1.3	8.5	40.7	48.1		0.7	0.7	14.4	34.6	49.7		0.0	0.0	11.4	43.2	45.5
I try to find out which of [my organization's] services would be most helpful to a patient	2.4	2.4	13.5	34.3	47.3		1.3	2.6	17.8	34.9	43.4		0.0	2.2	18.7	37.4	41.8
I try to give patients an accurate expectation of what [my organization's] services can do for them	1.6	1.1	13.2	42.6	41.5		1.9	1.9	15.5	36.8	43.9		0.0	1.1	14.4	43.3	41.1
	Round one scale statistics						Round two scale statistics						Round three scale statistics				
	N			338			N			142			N			82	
	Mean			4.27			Mean			4.23			Mean			4.25	
	SD			0.66			SD			0.65			SD			0.55	

### Factor structure and reliability of performance scale

Item	PCA factor loadings	
	Round 2	Round 3
Ability to get along with others	0.68	0.61
Quality of service provided to patients and others who you come into contact with	0.84	0.75
Ability to get the job done efficiently	0.89	0.84
Achievement of work goals	0.86	0.82
Overall performance	0.87	0.88
Variance accounted for	68.72	61.73
Alpha reliability for 5 item scale	0.89	0.84

Loadings < 0.5 are not shown

### Distribution of performance scale

Item	Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5
Ability to get along with others	0.0	0.0	17.2	56.1	26.8	0.0	0.0	15.1	63.4	21.5
Quality of service provided to patients and others who you come into contact with	0.0	0.0	16.8	57.8	25.5	0.0	0.0	11.6	70.5	17.9
Ability to get the job done efficiently	0.0	1.9	22.4	50.3	25.5	0.0	1.0	24.0	60.4	14.6
Achievement of work goals	0.0	0.2	10.4	15.0	5.1	0.0	1.1	31.9	55.3	11.7
Overall performance	0.0	1.3	28.8	48.1	21.9	0.0	0.0	22.9	59.4	17.7
Round two scale statistics						Round three scale statistics				
N				156		N				92
Mean				3.98		Mean				3.97
SD				0.57		SD				0.48

### Factors structure and reliability of commitment scale

Item	PCA factor loading		
	Time one	Time two	Time three
I feel like part of the family at [my organization]	0.82	0.79	0.84
I feel emotionally attached to [my organization]	0.92	0.90	0.93
[My organization] has a great deal of personal meaning for me	0.90	0.89	0.85
I feel a strong sense of belonging to [my organization]	0.91	0.91	0.94
Variance explained	78.80	76.37	79.56
Chronbach's alpha for four items	0.91	0.90	0.91

Loadings < 0.5 are not shown

### Distribution of commitment scale

Item	Round one %					Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
I feel like part of the family at [my organization]	2.7	8.0	28.1	41.1	20.1	1.9	11.8	26.1	38.5	21.7	5.2	11.5	30.2	34.4	18.8
I feel emotionally attached to [my organization]	11.2	18.3	33.6	23.0	13.9	8.0	17.9	34.6	25.9	13.6	9.4	15.6	37.5	28.1	9.4
[My organization] has a great deal of personal meaning for me	11.1	17.4	30.9	23.3	17.4	7.5	17.5	37.5	20.0	17.5	11.7	19.1	39.4	23.4	6.4
I feel a strong sense of belonging to [my organization]	7.4	12.0	32.1	28.2	20.3	5.0	12.4	28.6	31.1	23.0	8.4	15.8	34.7	27.4	13.7
	Round one scale statistics					Round two scale statistics					Round three scale statistics				
	N		434			N		156			N		92		
	Mean		3.34			Mean		3.40			Mean		3.20		
	SD		1.02			SD		0.96			SD		0.98		

### Factor structure and reliability of intention to leave scale

Item	PCA factor loading	
	Time two	Time three
At the moment, I would like to stay with [my organization] for as long as possible	-0.82	-0.95
These days, I often feel like leaving [my organization]	0.90	0.94
If I could, I would leave [my organization] today	0.92	0.93
Variance explained	77.59	88.53
Chronbach's alpha for four items	0.85	0.94

Loadings < 0.5 are not shown

### Distribution of intention to leave scale

Item	Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5
At the moment, I would like to stay with [my organization] for as long as possible	51.6	29.2	9.9	6.2	3.1	48.4	27.4	9.5	6.3	8.4
These days, I often feel like leaving [my organization]	61.7	16.7	9.9	8.6	3.1	46.9	24.0	15.6	6.3	7.3
If I could, I would leave [my organization] today	77.2	8.6	5.6	5.6	3.1	76.8	9.5	3.2	4.2	6.3
Round two scale statistics						Round three scale statistics				
N			156			N			92	
Mean			1.68			Mean			1.83	
SD			0.95			SD			1.14	

### Factor structure and reliability of job satisfaction scale

Item	PCA loading	
	Time two	Time three
Overall, I enjoy my current work	0.93	0.94
All in all, I am satisfied with my current job	0.95	0.96
In general, I like working here	0.92	0.95
In general, I don't like my current job (R)	-0.87	-0.91
Variance explained	84.16	88.19
Chronbach's alpha for four items	0.94	0.95

Loadings < 0.5 are not shown



### Distribution of job satisfaction scale

Item	Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5
Overall, I enjoy my current work	3.8	2.5	8.8	35.6	49.4	1.0	2.1	11.5	41.7	43.8
All in all, I am satisfied with my current job	2.5	4.4	10.1	40.3	42.8	3.1	4.2	10.4	44.8	37.5
In general, I like working here	1.9	4.3	7.5	33.5	52.8	2.1	3.1	7.3	41.7	45.8
In general, I don't like my current job (R)	1.9	6.9	5.6	20.0	65.6	2.1	6.3	9.5	21.1	61.1
Round two scale statistics						Round three scale statistics				
N			155			N			92	
Mean			4.27			Mean			4.24	
SD			0.91			SD			0.87	

### Factor structure and reliability of workplace stress scale

Item	PCA loading		
	Time one	Time two	Time three
I worry a lot about my work outside of working hours	0.73	0.83	0.83
My job is very stressful	0.86	0.90	0.87
I often feel under excessive stress at work	0.87	0.90	0.91
Variance explained	67.69	76.76	75.84
Chronbach's alpha for four items	0.75	0.85	0.84

Loadings < 0.5 are not shown

Distribution of workplace stress scale

Item	Time one %					Time two %					Time three %				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
I worry a lot about my work outside of working hours	22.0	21.8	28.7	18.9	8.7	26.5	20.4	22.2	19.1	11.7	30.2	22.9	29.2	11.5	6.3
My job is very stressful	12.6	22.0	33.6	24.2	7.6	15.5	15.5	28.0	24.8	16.1	11.5	19.8	26.0	29.2	13.5
I often feel under excessive stress at work	25.0	27.3	30.5	12.8	4.4	24.7	25.3	22.2	16.0	11.7	27.4	23.2	21.1	20.0	8.4
Round one scale statistics					Round two scale statistics					Round three scale statistics					
N			436		N			156		N			92		
Mean			2.69		Mean			2.80		Mean			2.72		
SD			0.97		SD			1.14		SD			1.08		

## Contextual measures of quality

### Factor structure and reliability of team quality scale

Items	PCA loadings	
	Round two	Round three
My team is always looking to achieve the highest standards of quality	0.92	0.93
Quality is taken very seriously in my team	0.92	0.93
My team does not have much of a reputation for high quality	-0.72	-0.66
People believe my team's success depends on high quality work	0.70	0.66
Variance accounted for	67.09	65.28
Alpha reliability for scale	0.81	0.78

### Distribution of current team quality scale

Item	Round two %					Round three %				
	1	2	3	4	5	1	2	3	4	5
My team is always looking to achieve the highest standards of quality	1.3	1.9	8.3	40.1	48.4	0.0	2.1	5.3	29.5	63.2
Quality is taken very seriously in my team	0.6	2.5	9.5	35.4	51.9	0.0	1.0	9.4	27.1	62.5
My team does not have much of a reputation for high quality (R)	3.9	7.1	11.0	21.9	56.1	1.0	8.3	7.3	33.3	50.0
People believe my team's success depends on high quality work	0.0	2.6	16.9	40.9	39.6	0.0	1.1	22.1	32.6	44.2
Round two scale statistics					Round three scale statistics					
N					N					92
Mean					Mean					4.36
SD					SD					0.63

### Factor structure and reliability of previous organizational quality items

Items	PCA loadings
	Round one
My last organisation was always looking to achieve the highest standards of quality	0.88
Quality was taken very seriously in my last organisation	0.92
My last organisation did not have much of a reputation for high quality	-0.63
People believed that success depended on high quality work in my last organisation	0.76
Variance accounted for	64.72
Alpha reliability for scale	0.81

### Distribution of previous organizational quality scale

Item	Round one %				
	1	2	3	4	5
My last organisation was always looking to achieve the highest standards of quality	2.1	6.4	17.2	33.4	40.9
Quality was taken very seriously in my last organisation	2.5	5.6	19	33.8	39.1
My last organisation did not have much of a reputation for high quality (R)	3.1	11.3	17.3	28.2	40.1
Round one scale statistics					
	N		499		
	Mean		3.96		
	SD		0.82		

### Factor structure and reliability of ability to deliver quality scale

	PCA loadings		
	Round one	Round two	Round three
I am able to deliver the quality of service I aspire to	0.89	0.93	0.86
I am satisfied with the quality of service I provide to patients / service users	0.91	0.94	0.88
I am able to do my job to a standard that I am personally pleased with	0.92	0.92	0.94
Variance accounted for	81.75	86.47	79.48
Alpha reliability for scale	0.89	0.92	0.87

### Distribution of ability to deliver quality scale

	Round one %					Round two %					Round three %				
Item	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
I am able to deliver the quality of service I aspire to	0.5	2.1	13.5	46.3	37.7	0.6	3.7	13.6	46.9	35.2	2.1	3.2	16.8	44.2	33.7
I am satisfied with the quality of service I provide to patients / service users	0.7	1.8	13.9	46.4	37.2	0.6	3.1	11.1	40.1	45.1	1	4.2	20.8	46.9	27.1
I am able to do my job to a standard that I am personally pleased with	0.9	2.1	13.3	40.9	42.8	0.0	5.6	15.6	37.5	41.3	1	4.2	16.7	42.7	35.4
	Round one scale statistics					Round two scale statistics					Round three scale statistics				
	N		422			N		156			N		96		
	Mean		4.21			Mean		4.19			Mean		4.02		
	SD		0.72			SD		0.78			SD		0.79		

## Appendix 4

### Discriminant factor analysis

#### Discriminant analysis of pre-entry interaction, inquiry and passive information acquisition scales

Item	PCA Factor loadings		
	1	2	3
During the recruitment process, I talked in depth with people at [my organization]		0.81	
When being recruited by [my organization], I met with many different people		0.86	
I had considerable interaction with people at [my organization] when I was recruited		0.83	
I met with only a few people from [my organization] prior to taking the job			
Job - Asked supervisor?	0.75		
Job - Asked colleague?	0.72		
Team - asked supervisor?	0.86		
Team - Asked colleague?	0.84		
Organisation - asked supervisor?	0.74		
Organisation - Asked colleague?	0.73		
Team - [my organization's] efforts?			0.88
Job - [my organization's] efforts?			0.85
Organisation - [my organization's] efforts?			0.81
Variance accounted for	28.53%	18.14%	17.96%

Loadings < 0.5 are not shown

### Discriminant analysis of service quality and knowledge scales

Item	PCA Factor loadings		
	1	2	3
Ability to get along with others		0.69	
Quality of service provided to patients and others who you come into contact with		0.82	
Ability to get the job done efficiently		0.89	
Achievement of work goals		0.82	
Overall performance		0.86	
I try to get patients to discuss their needs with me			0.74
I try to achieve my goals by satisfying patients			0.68
I offer the service that is best suited to the patient's needs			0.67
I try to find out which of [my organization's] services would be most helpful to a patient			0.79
I try to give patients an accurate expectation of what [my organization's] services can do for them			0.77
I understand which job tasks and responsibilities have priority	0.53		
I know the responsibilities, tasks and projects for which I was hired	0.75		
I understand how to perform the tasks that make up my job	0.70		
I know what constitutes acceptable job performance	0.66		
I understand the relationship between my team and other teams	0.67		
I understand the expertise each member brings to my team	0.69		
I understand [my organization's] objectives and goals	0.79		
I understand how my job contributes to [my organization] as a whole	0.76		
I understand what is meant when people refer to other areas / departments at [my organization]	0.69		
I understand how to act to fit in with [my organization's] values	0.74		
Variance accounted for	25.84	18.81	15.21

Loadings < 0.5 are not shown

Discriminant analysis of well-being scales

Item	Round two		Round three	
	1	2	1	2
Overall, I enjoy my current work	0.93		0.94	
All in all, I am satisfied with my current job	0.95		0.98	
In general, I like working here	0.92		0.96	
In general, I don't like my current job	-0.87		-0.86	
I worry a lot about my work outside of working hours		0.84		0.81
My job is very stressful		0.89		0.92
I often feel under excessive stress at work		0.89		0.90
Variance explained	57.54	24.11	63.87	1973.00

Loadings < 0.5 are not shown



### Discriminant analysis of attitudinal scales

Item	Round two		Round three	
	1	2	1	2
I feel like part of the family at [my organization]	0.71		0.75	
I feel emotionally attached to [my organization]	0.95		0.91	
[My organization] has a great deal of personal meaning for me	0.94		0.90	
I feel a strong sense of belonging to [my organization]	0.88		0.93	
At the moment, I would like to stay with [my organization] for as long as possible		0.84		0.91
These days, I often feel like leaving [my organization]		0.82		-0.99
If I could, I would leave [my organization] today		0.71		-0.89
Variance explained	51.87	20.50	69.54	14.05

Loadings < 0.5 are not shown

### Discriminant analysis of contextual indicators of quality

Item	Round one		Round two	
	1	2	1	2
My last organisation was always looking to achieve the highest standards of quality	0.89			
Quality was taken very seriously in my last organisation	0.92			
My last organisation did not have much of a reputation for high quality	-0.65			
People believed that success depended on high quality work in my last organisation	0.77			
I am able to deliver the quality of service I aspire to		0.89		0.92
I am satisfied with the quality of service I provide to patients / service users		0.90		0.93
I am able to do my job to a standard that I am personally pleased with		0.92		0.90
My team is always looking to achieve the highest standards of quality			0.91	
Quality is taken very seriously in my team			0.91	
My team does not have much of a reputation for high quality			-0.72	
People believe my team's success depends on high quality work			0.68	
Variance explained	39.81	33.09	47.32	28.038

Loadings < 0.5 are not shown

## Appendix 5

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### Interview topic guides

#### Day one interview topic guide

1. What is your current post at [the hospital]?
2. What was your previous post?
3. Why did you choose to join [the hospital]?
4. What does *good service quality* mean to you in your post?
5. So far, what have you learnt about standards of service quality at [the hospital]?
  - a. What information have you been provided with about quality / safety?
  - b. Where did this information come from?
  - c. Do you think the information has been adequate?
6. How do you expect [the hospital] to support you in providing *high service quality* in the future?
7. Has [the hospital] made any commitments to you about how it will treat you as a member of staff?
8. Have you had any major problems during the recruitment process so far?

**Ten week and six month interview topic guide**

1. How do you feel the job has been going since we last spoke?
  - a. Are any things different to your expectations at this stage?
2. How well do you feel you have been supported in doing your job since we last spoke?
  - a. Training
  - b. Feedback / appraisal
3. How do you feel the standard of service quality at [the hospital] compares to other places you have worked or trained?
4. So far, how well do you feel you have learnt about providing good service quality in your job?
  - a. How did you find this out?
  - b. Do you think that know enough about this?
5. Please think about the time since we last spoke. What would you say was your **biggest achievement** in this time? Could you please describe this briefly?
  - a. What was the source/cause of this achievement?
  - b. How did it come about?
  - c. Were there any individuals/ things that were particularly supportive in helping you?
  - d. Were there any individuals/ things that were a particular hindrance?
  - e. What were the consequences?
  - f. How did this affect the quality of service that you were provided?
6. Last time we spoke you told me about X achievement. Can you tell me a little bit about what has happened since then?
7. Please think about the time since we last spoke. What would you say was the **biggest problem** you have had in this time? Could you please describe this briefly?
  - a. What was the source/ cause of the problem?
  - b. How did you go about resolving it?

- c. Were there any individuals/ things that were particularly supportive in helping you?
  - d. Were there any individuals/ things that were a particular hindrance?
  - e. What were the consequences?
  - f. Is it likely to recur? Why / why not?
  - g. How did this affect the quality of service that you provided?
8. Last time we spoke you told me about X problem. Can you tell me a little bit about what has happened since then?
9. To what extent do you feel that you have been treated fairly since we last spoke?
- a. Any examples of when you have experienced unfair treatment?
10. More generally: how far do you think promises or commitments are kept by management at [the hospital] to you and to people like you?
- a. Any examples of when you have experienced broken promises?
11. Is there anything else that you would like to tell me about it has been going since we last spoke?

### Nine month interview topic guide

1. How do you feel the job has been going since we last spoke?
  - a. Are any things different to your expectations at this stage?
2. How well do you feel you have been supported in doing your job since we last spoke?
3. How far you feel that you have integrated at [the hospital]?
  - a. When did you begin to feel that you had integrated?
  - b. What made you feel like this?
  - c. Do you feel integrated into the job / the team/ the organization?
4. What do you feel that have learnt from working at [the hospital]?
5. Could you please think about the time since we last spoke? What would you say was the **biggest problem** you have had in this time? Could you please describe this briefly?
  - a. What was the source/ cause of the problem?
  - b. How did you go about resolving it?
  - c. Were there any individuals/ things that were particularly supportive in helping you?
  - d. Were there any individuals/ things that were a particular hindrance?
  - e. What were the consequences?
  - f. Is it likely to recur? Why / why not?
  - g. How did this affect the quality of service that was provided?
6. Last time we spoke you told me about X problem. Can you tell me a little bit about what has happened since then?
7. Please think about the time since we last spoke. What would you say was an **achievement that you have had** in this time? Could you please describe this briefly?
  - a. How did it come about?
  - b. Were there any individuals / things that were particularly supportive in helping you?
  - c. What were the consequences?

- d. How did this affect the quality of service that you were provided?
- 8. Last time we spoke you told me about X achievement. Can you tell me a little bit about what has happened since then?
- 9. To what extent do you feel that you have been treated fairly since we last spoke?
  - a. Any examples of when you have experienced unfair treatment?
- 10. More generally: how far do you think promises or commitments are kept by management at [the hospital] to you and to people like you?
  - a. Any examples of when you have experienced broken promises?
- 11. Is there anything else that you would like to tell me about it has been going since we last spoke?

### Twelve month interview topic guide

1. How has it been since we last spoke?
2. More generally, how do you feel your first year at [the hospital] has gone?
  - a. How has the **support** been?
  - b. Has it been **stressful**?
  - c. How **satisfied** are you?
  - d. Has your **workload** been manageable?
  - e. Have there been any **major problems**?
3. How has the reality of the job measured up to what you were led to believe it would be like?
  - Prompt using their expectations at first day
4. Having been at [the hospital] for one year, do you feel that you are fully integrated?
  - a. Do you feel integrated into the **job** / the **team** / the **organization**?
  - b. **When** did you begin to feel that you were integrated?
  - c. **What** made you feel like this? Was **anything or anyone** particularly useful in helping you to integrate?
5. From your experience so far, how far do you think [the hospital] maintains high standards of quality and safety?
  - Areas in need of improvement?
  - Particularly strong areas?
6. Can you think of a specific incident where you have witnessed or been involved in the provision of care that is below acceptable standards of quality or safety?
  - a. Causes? Consequences? Any action was taken at the time? Anything been done been to prevent it recurring?
7. Can you think of a specific incident where you have witnessed or been involved in the provision of particularly high quality care?
  - a. What allowed the care to be high quality?
8. To what extent do you feel that you have been treated fairly in your first year at [the hospital]?
  - a. Any instances of unfair treatment?
9. How far do you think promises or commitments are kept by managers at [the hospital]?

- a. How does this compare to your **previous employers**?
- b. How far do you think promises or commitments are kept by managers in the **NHS as whole**?

Closing statements: Thank you very much for taking part in this research. This will be the last time we speak. We will post a report on our website in due course and I will email everyone who has taken part. Please get in touch if you there is anything else you would like to discuss with me.